Infection Management and Control Service

Annual Report
July 2019 – June 2020

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ISLHD Infection Prevention and Control Annual Report

July 2019 – June 2020

Healthcare associated infection must not be considered a normal part of contemporary healthcare

IMACS' mission statement

Introduction

The Illawarra Shoalhaven Local Health District (ISLHD) Infection Management and Control Service (IMACS) was established in 2008 to consolidate infection prevention and control expertise across the District into one team, and facilitate effective collaboration between the infectious diseases clinical specialty and infection prevention and control services. The service is established as a key component of the Clinical Governance Unit. IMACS' core aim is simple: to make sure our patients have the lowest possible chance of acquiring an infection whilst in our care, and that our staff are properly prepared and protected against infection risks whilst at work.

Site-based infection prevention and control clinical nurse consultants (CNCs) are responsible for the provision of an effective and broad-based day to day infection prevention and control service across our 9 inpatient facilities organised as the Northern Illawarra Hospitals Group (NIHG), the Southern Illawarra Hospitals Group (SIHG), and the Shoalhaven Hospitals Group (SHG)) and community health settings known as the Integrated Community Services (ICS). These community settings provide the location of services provided by ISLHD Mental Health Service, ISLHD Drug and Alcohol Service, ISLHD Ambulatory and Primary Care (APHC), ISLHD Oral Health Service and the ISLHD Child and Family Service.

IMACS CNCs also carry individual portfolio responsibilities for specialty areas such as hand hygiene, clinical equipment cleaning disinfection and sterilisation, environmental cleaning, and education across the entire LHD. The CNCs report to the IMACS Nurse Manager but also retain a professional reporting line to their respective site-based directors of nursing and midwifery. IMACS is supported by local infectious diseases specialists, clinical microbiologists and the Pathology NSW microbiology laboratory.

This Annual Report describes the activities and achievements of the IMACS team during the period from July 2019 to June 2020 and by referring to ISLHD strategic priorities establishes the future strategic framework for the service. The report includes a review of progress against the business plan agreed in 2019 for the forward year. This year has been extraordinary as a result of the SARS-CoV2 pandemic, and the impact of this will be apparent throughout this Annual Report which is considerably abridged compared to previous years' reports.

Executive summary

- IMACS aims to provide and promote a person-centred infection management and control service across ISLHD.
- The Infection Control Link Programme was replaced with an Infection Prevention and Control Mentorship programme from January 2019. Following a successful inaugural year, the programme was set to flourish with all available places being filled by January 2020. Unfortunately the programme was put on hold as a direct result of COVID-19.
- A poster display of hand hygiene and infection rates is available on all wards with the objective of enhancing transparency and engagement with consumers and staff.
- Education of staff and consumers remains a key priority, with infection prevention and control components being included within ISLHD orientation and mandatory update training sessions to all categories of staff including volunteers and construction contractors working on ISLHD sites. Face to face sessions have been necessarily postponed due to the requirements of COVID-19 control measures.
- Training of ward-based hand hygiene auditors has continued in order to support the mandatory requirement for compliance with the NSW Health Hand Hygiene policy to be monitored and reported. During this reporting period a total of 43,070 hand hygiene opportunities were observed, with 38,115 being achieved correctly – an overall hand hygiene compliance rate of 88.5%. This represents an increase from last year's rate of 87.6%.
- Environmental cleaning auditing continues, with results and action plans now reported through the LHD electronic quality audit reporting system (QARS).
- IMACS continues to support aseptic technique training and auditing.
- Mandatory face to face personal protective equipment (PPE) training has been provided to clinical staff at all sites.
- Surveillance activities include mandatory reporting to NSW Health and voluntary reporting to the Australian Council on Healthcare Standards (ACHS), Health Round Table, and the National Antimicrobial Utilisation Surveillance Program (NAUSP). Surveillance has identified;
    - A decrease in numbers of patients developing healthcare associated *Staphylococcus aureus* bacteraemia from last year (34 compared with 41 during 2018-19).
    - Three ICU-related central line associated bacteraemia occurred at Wollongong Hospital.
- Carbapenamase-producing Enterobacterales (CPE) continue to be formally notifiable to NSW Health during this reporting period. No further transmission or ongoing risk has been identified.
- Outbreaks of communicable disease were dominated by influenza and gastro-intestinal infections including Norovirus.

IMACS activities during the forthcoming year 2020-21 will be directed using the information gained through surveillance and audit findings, and the ISLHD strategic plan, and in the context of continuing need for COVID-19 control measures throughout the ISDLHD community.

Priorities include;

- Continued achievement of accreditation of all sites against the 2nd edition of National Standard 3; “The prevention and control of healthcare associated infection”.
- Focus on the management of environmental sources of potential healthcare associated infection
    - Completion of legionella risk management plans for all facilities
    - Provision of consistent advice and support to construction projects across ISLHD
- Action planning to enable compliance with AS/NZS 4187:2014 “Reprocessing of reusable medical devices in healthcare” by December 2021
- Promoting equity of IMACS service provision for all sites and services within ISLHD including the community-based services
- Supporting infection control education and awareness through the infection prevention and control mentorship programme and targeted education strategies, particularly for medical colleagues and for non-clinical personnel
- Continued provision of feedback and support to hand hygiene auditors

ISLHD Infection Management and Control Service objectives

Mission

Healthcare associated infection must not be considered a normal part of contemporary healthcare

Vision

Through collective expertise IMACS aims to provide a service that is equitable, safe, person centred and of the highest quality. Systems and processes necessary to support IMACS' Mission are identified, developed, implemented and evaluated regularly.

The NSW Health CORE values are an integral part of our service aims and objectives and the entire team is committed to modelling them throughout all our activities.

Collaboration

The importance of networking, both within and outside of ISLHD, in developing a clear understanding of the issues affecting the delivery of an effective service cannot be understated. IMACS will continue to strengthen these links and to engage broadly in the development and implementation of our service strategies in order to maximise and sustain a person-centred and accessible service.

Openness

IMACS will continue to produce information and reports for distribution within and outside the District in order to inform the public, the wider community and health colleagues about the incidence and prevalence of healthcare associated infection (HAI) amongst ISLHD patients.

Respect

IMACS aims to demonstrate respect for our consumers and our colleagues by listening to their concerns and by taking every opportunity to identify and resolve situations where people are discriminated against as a direct or an indirect result of infection prevention and control policy interpretation and implementation.

Empowerment

Some infection prevention and control precautions pose significant and particular challenges to patients who may feel extremely isolated and stigmatised by the practices that are employed. These feelings will add to the frequently-described state of disempowerment experienced by patients and their families. IMACS aims to improve empowerment of patients, clients and staff through the provision of easily accessible information and support.

In support of these CORE values, IMACS follows a 5 E's ethos that in the implementation of any infection prevention and control practice or initiative it is essential to;

> **Engage** all stakeholders by providing sound evidence and answering concerns.
> **Enable** the practice by providing a policy framework and resources.
> **Educate** all stakeholders throughout so that barriers to implementation can be identified and addressed.
> **Evaluate** the progress of the initiative, and only **Enforce** compliance when all other strategies have proven ineffective.

Structure of infection prevention and control services in the Illawarra Shoalhaven Local Health District

Within the Illawarra Shoalhaven Local Heath District, infection prevention and control (IPC) services are provided as a district-wide function. Rather than having IPC staff based within inpatient facilities, reporting to the Director of Nursing and Midwifery, as is commonly the case in NSW, ISLHD took the decision, in 2008, to improve efficiency and effectiveness of the service by creating a cohesive service that is placed within the Clinical Governance directorate. This was an important move as it brought the IPC service out of the nursing silo, and placed it squarely in the patient safety and clinical quality space. In doing this, the LHD made explicit the intention that IPC services would be provided equitably to patients and staff in all sites and services across the LHD, not only the acute inpatient services.

The move also meant that the service could facilitate consistency in working practices, and implementation of key initiatives such as the national hand hygiene initiative, in an effective way through the designation of portfolio areas of responsibility to the various team members. This has meant that district-wide programmes have been able to be developed at a strategic level, paving the way for the operational roll-out to be achieved at local level in a more streamlined and measured way. This helps ISLHD staff in all facilities and services to encounter less variation, not only in policy requirements but also in the products they are expected to use in following those IPC policies. The IMACS organisational structure is shown below.

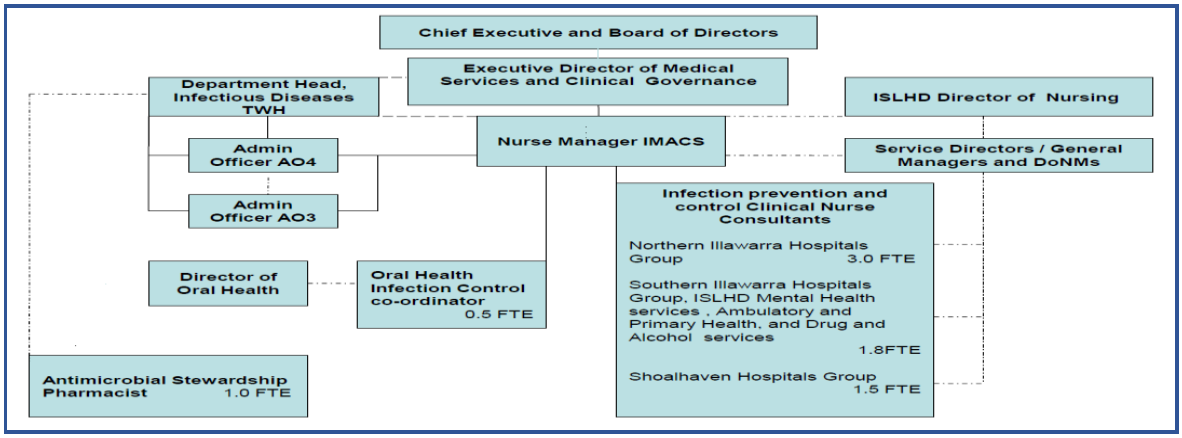


Figure 1. IMACS organisational chart 2019-2020

Led by a Nurse Manager, the clinical nurse consultants (CNCs) who provide the operational aspects of the service are well supported, and are a strong and collaborative team. There are substantively 7 CNCs working to provide 6.8FTE service provision. Their areas of designated responsibility are shown in **Figure 1**.

During this reporting period, there has been a requirement for these designations to be flexed and reprioritised as a result of the ISLHD and the IMACS response to COVID-19.

It is a key strength of IMACS that the service can provide appropriate and relevant IPC advice and support to staff working outside of the hospital setting, and during this reporting period, this extended to the provision of advice and support to ISLHD colleagues within the Division of Aged Care who were working closely with the residential aged care sector in strengthening their COVID-19 preparedness strategies.

Benchmarking of IPC services is challenging, due to the different requirements for support in various different healthcare systems across the world. Internationally recognised recommendations for IPC service provision traditionally derive from the pivotal study on the efficacy of nosocomial IC (SENIC) conducted in the 1970s. This established a standard of 1:250 IC nurses per acute hospital beds for optimal infection prevention. With increasing complexity of patients' care this figure has been recently challenged and ratios of 1:100 beds in acute care and 1:150 to 250 beds in long-term care facilities have been suggested (Dickstein et al 2016).

Within ISLHD the CNC provision for the various services are shown below. The ratios of IMACS CNCs to the bed base they cover are within the recommended ratios for the longer term inpatient settings, but are not at the recommended levels for the acute inpatient settings. There are no immediate plans to increase the establishment until key decisions have been made about the future service provision at Shellharbour Hospital and the Shoalhaven District Memorial Hospital.

Facility or service	**Number of beds including acute ambulatory care ie cancer care, renal**	**Number of IMACS CNCs (FTE)**	**Ratio**
Wollongong,	600	2.5	1:240
Bulli and Coledale	100	0.50	1:200
PKH and SHH including mental health inpatients	300	1.2	1:250
SDMH, MUH and DBH	350	1.5	1:233
ICS, community mental health and oral health	Approx. 400,000 population	1.1	
All inpatient	1350	6.8	1:198
		7.8 including IMACS NM	1:173

Figure 2. Ratio of IMACS CNC to service provision 2018-2020

Leave cover is provided when a team member is away for more than 3 weeks, and this has provided the opportunity for other staff to join IMACS on secondments. This in turn has provided a mechanism for succession planning which can be a considerable concern in specialist teams.

As in previous years, a 24 hour IPC service is provided to the LHD. This service was provided by the NM up until March 2020 when the burden of COVID-related calls became unmanageable and the IMACS CNCs were mobilised to provide this service.

Support to IMACS

IMACS is extremely well supported by the clinical microbiology service provided by the laboratory team based at Wollongong Hospital.

Infectious Disease expertise is provided to IMACS at all sites, with infectious disease specialists and their teams based at Wollongong Hospital (WH), Shellharbour Hospital (SHH) and Shoalhaven Hospital (SDMH).

The Public Health Unit is a valuable resource in addition to providing the statutory function of communicable disease surveillance.

The ISLHD Clinical Governance Unit (CGU) supports IMACS in the collation of NSW Health key performance indicator (KPI) submissions and the creation of reports as required. Incident and Injury Management System (IIMS) reporting includes incidents relating to HAI.

The staff vaccination service, staff health screening, and blood and body substance exposure follow up is provided to ISLHD under the remit of the respiratory medicine and chest clinic teams. Staff vaccination reports are provided to IMACS, the ISLHD infection prevention and control committee, and site executive teams.

Effective antimicrobial stewardship is an essential component of contemporary infection prevention and control programmes. Antimicrobial Stewardship Pharmacists have been appointed since April 2011, and an automated antimicrobial prescribing support system (Guidance MS™) introduced in May 2012. There are now well integrated systems across ISLHD to monitor and effectively control the use of antimicrobial agents.

Infection prevention and control committee

The ISLHD infection prevention and control committee is co-chaired by the Director of Infectious Diseases, Wollongong Hospital and the IMACS Nurse Manager. The Committee meets every month. Membership of the committee is given below:

- Manager IMACS (Co-chair)
- Director of Infectious Diseases (Co-chair)
- Consultant Clinical Microbiologist
- IMACS Clinical Nurse Consultant representatives from NIHG, SIHG, SHG and ICS
- NIHG executive representative
- SIHG executive representative
- SHG executive representative
- ICS executive representative
- Mental Health Services executive representative
- ISLHD Director of Nursing and Midwifery representative
- ISLHD medical services representative
- Sterilising Services management representative
- Staff vaccination service representative
- ISLHD antimicrobial stewardship pharmacist
- ISLHD Public Health representative
- ISLHD Maintenance Services representative

The role of the infection prevention and control committee includes:

- To review HAI surveillance and patient safety outcomes and identify issues requiring escalation to higher committees

- To provide guidance and direction for the activities of ISLHD infection prevention and control programmes,
- To provide feedback of locally collected data to relevant clinicians, clinical and service manager, the executive, and committees concerned with clinical and quality programmes
- To advise of risks faced by the organisation related to infection prevention and control

The ISLHD infection prevention and control committee reports to the ISLHD Clinical Governance Council and the minutes are available on the ISLHD intranet.

Strategic Plan

The IMACS Strategic Plan reflects the strategic objectives of the ISLHD Health Care Services Plan 2012-2022 and ISLHD Operational Priorities 2020-21

The IMACS Strategic Plan is supported by the IMACS work-plan which is updated by the IMACS manager and reviewed on a monthly basis by the EDMS&CG.

Written monthly reports are completed by IMACS infection prevention and control practitioners in order to communicate progress of the various programmes in place at each site to the IMACS manager. IMACS team meetings are held monthly.

Infection prevention and control team

The IMACS team provides the service to the ISLHD from a number of bases with the central office being situated in Lawson House at Wollongong Hospital where the IMACS team covering the NIHG are co-located with Infectious Diseases specialists working within the NIHG and SIHG hospitals.

Each of the infection prevention and control CNCs carries responsibility for their designated sites and services as well as responsibility for a number of specific LHD-wide 'portfolios'. This arrangement allows strategic programmes and resources to be developed across the LHD as necessary. These programmes are then delivered locally by the relevant IMACS team with LHD-wide oversight and reporting being the ongoing responsibility of the portfolio holder.

Portfolios are reviewed and revised each year at the IMACS Planning Day. This is normally held in May however, this year the day was deferred to July as a result of COVID-19 workloads and meeting restrictions in place. COVID-19 has also necessitated a re-prioritisation of workstreams. The revised portfolios, as determined in July 2020 are shown below.

Position	**Facility**	**ISLHD Strategic / Project area**
Manager	Overall responsibility for the provision of person-centred Infection Prevention and Control service across all areas and services provided by and/or based at the facility.	Line management of IMACS CNCs and admin staff To provide the link between IMACS and all facilities, services and units across ISLHD. To ensure that Infection Prevention and Control aspects of service planning, delivery and monitoring are effectively incorporated.

	IMACS management	Laundry	Waste
CNC WH	Wollongong Hospital wards and departments, plus Bulli Hospital and Coledale Hospital	MROs	
CNC WH		IT strategy Hotel services and environmental cleaning	
CNC WH		Education	
CNC SHH	Shellharbour and Kiama Hospitals. ISLHD Mental Health	Equipment, including detailed review of COVID-19 related PPE coming into the ISLHD from outside of usual procurement routes	
CNC PKH	Port Kembla Hospital, ISLHD Integrated Community Services including oral health	Policies and procedures – not IMACS	
CNC SDMH	Shoalhaven, David Berry and Milton Ulladulla hospitals	Policies and procedures - IMACS	
CNC SDMH		Consumer engagement	

Table 1. IMACS designated portfolios 2019-2020

As noted on the IMACS Organisational Chart, each of the infection prevention and control CNCs reports directly to the Nurse Manager, IMACS, and also has an indirect relationship with the executive unit of their designated sites and facilities.

The IMACS team also includes two administration officers who work with IMACS as well as supporting the Wollongong and Shellharbour Hospitals' Infectious Diseases teams. A key role for these team members is the data entry and recording of a number of surveillance activities including the Hand Hygiene audit sheets, bloodstream infection review forms, and supporting the infection prevention and control link programme and mentorship programme.

Collaboration and committee membership

In addition to fortnightly team meetings, IMACS team members participate in various committees and working groups as detailed below. During this reporting period many of these meetings were convened using Skype or other virtual platform rather than face to face, as result of COVID-19 restrictions. From February/March 2020 a number of additional meetings have been convened in preparedness for COVID-19 and it is expected that these will continue throughout the coming year.

Position	Facility / Service	Meeting / Committee	Frequency
Manager	NSW Ministry of Health / CEC	HAI Steering Committee	Bi-monthly
		Bloodborne Virus Advisory Panel	3 Monthly
	ISLHD	ISLHD COVID-19 Emergency Operational Command	Variable according to need
		Infection Prevention and Control Committee (co-chair)	Monthly
		New Interventions Assessment Committee	As required
		Nursing and Midwifery Leadership Committee	Monthly
		ISLHD Senior leadership Forum	Quarterly
		ISLHD Occupational Assessment Screening and Vaccination Committee	Monthly
		ISLHD Legionella risk management committee	Monthly

Position	Facility / Service	Meeting / Committee	Frequency
		(chair) ISLHD Radiation Safety Committee	Quarterly
Wollongong Hospital CNCs	ISLHD	Infection Prevention and Control Committee ISLHD CNC meetings	Monthly As scheduled
	NIHG	Health Emergency preparedness NIHG Infection Control sub-Committee	Quarterly Monthly
	WH	Bed Management meetings WH Department Managers Meeting WH&S Committee ICU infection control meeting Operating Theatres and IMACS	Daily Monthly Monthly Monthly Co-opted
	Coledale Hospital	Department Managers Quality Meeting	Monthly
	Bulli Hospital	WH&S Committee Bulli Department Managers Meeting	Monthly Monthly
Shellharbour Hospital CNC	NSW HealthShare	NSW Health State Contract 819 Beds and Mattress Tender Evaluation Committee	Project timeframe
	ISLHD	ISLHD CNC meeting	As scheduled
	SIHG	Infection prevention and control sub-committee Emergency Management Committee Learning and Development Committee Patient safety and quality	Monthly Quarterly Monthly Monthly
	SHH	WH&S Committee (report tendered) SHH Mortality and Morbidity meeting	6 Monthly Monthly
	Mental Health	Consumer and Staff Safety	As scheduled
PKH CNC	ISLHD	Infection Prevention and Control Committee ISLHD CNC meetings	Monthly As scheduled
	SIHG	Patient Safety Committee Learning and Development Committee SIHG Standard 3 Governance Committee	Monthly Monthly Monthly
	Port Kembla Hospital	WH&S Committee Department Heads Meeting	Monthly Monthly
	Integrated Community Services (ICS)	Standard 3 Governance Committee	Monthly
	ISLHD Drug and Alcohol Service	WH&S Meeting	As required
SDMH CNC	ISLHD	Infection Prevention and Control Committee Nursing and Midwifery Policy and Practice Committee ISLHD CNC meetings	Monthly Monthly
	SHG	SHG DoNM and IMACS update meeting SHG Infection Control sub-Committee	Monthly Monthly

Position	Facility / Service	Meeting / Committee	Frequency
		SHG Emergency and Disaster Committee Learning and Development Committee Consumer Advisory Committee	Bi-Monthly Monthly Bi-Monthly
	SDMH	WH&S Committee – report provided Bed Management meetings Nursing and Midwifery Leadership meeting Patient Safety and Quality meeting	Monthly Daily Monthly Monthly
	DBH	Patient Safety and Quality WH&S Committee – report provided	Monthly Monthly
	MUH	WH&S Committee – report provided Patient Safety and Quality –report provided	Monthly Monthly
Oral Health IC co-ordinator	ISLHD	Infection Prevention and Control Committee	Monthly
	Oral Health Service	Clinical Governance meetings ISLHD Dental Assistants meeting	Monthly Monthly

Table 2. IMACS committee membership 2019-2020

Highlights

The following section of this report provides an overview of achievements and quality activities and outcomes for each of the three inpatient service 'hubs' known as Hospital Groups, and the non-acute settings that are covered, including ISLHD mental health services and the ISLHD Integrated Community Services.

Northern Illawarra Hospital Group

Increase in the uptake of staff influenza vaccination

70% uptake of staff Influenza vaccination to date on 2019

12 month secondment and mentorship of NIHG CNC

IMACS has achieved positive succession planning with the appointment of a candidate for a 12 month maternity relief position. This secondment expands on the trained staff IMACS can draw on for both leave cover and surge planning. The opportunity also increases the profile of infection control amongst ward staff when they return to their home units.

NIHG Infection Prevention and Control mentorship program

This program involved one on one mentorship with an Infection and Prevention CNC and guidance on project planning and management specific to their area of practice. Six candidates were accepted to complete the one year mentorship program in 2019 and five of the six completed successful projects that improved the quality and safety for patient and or staff in relation to standard three.

Broken Hill secondment

Two IMACS staff have been once again asked to complete two 10 week secondments to Broken Hill Far West Health Service to provide Infection Prevention and Control expertise while their CNC position was recruited to. These secondments offered Infection Prevention and Control cover for the Far West Local Health District while sharing innovations from

ISLHD IMACS. This arrangements has also enabled positive succession planning and opportunity for further development of the future ISLHD IMACS talent pool.

Southern Illawarra Hospital Group

Increased hand hygiene compliance

Hand Hygiene compliance across the SIHG is 94% (90 - 96%). This is above the current ISLHD benchmark of 90% and improved on the previous 12 month period (93%). Nursing staff compliance remains consistently the highest at 94%. Medical Officer compliance has improved and is now at 90% across the SIHG (73% at Shellharbour Hospital).

Team approach to IMACS service across SIHG

IMACS team members based at SHH and PKH continue to work as a combined team across the SIHG, enabling greater efficiencies. The arrangement has allowed IMACS CNCs dedicated time for project work while their partner is managing day-to-day infection prevention and control activities across all SIHG sites and services.

The SIHG increased IMACS establishment

The Infection Management and Control Service (IMACS) staff establishment for SIHG is substantively 1.8 FTE. This was increased to 2FTE in response to the COVID pandemic.

Shoalhaven Hospital Group

New Services

SHG IMACS participated in planning and introduction of Outpatient Colposcopy Services

Standard Precautions Preparation:

A large educational strategy continued across the SHG to prepare for the implementation of the Standard Precaution model. This also included consultation and information to the SHG Medical Divisions (Rehab, Medicine, Surgery, Paediatrics etc.)

Influenza Vaccination programme

Support was provided for local promotion and programme delivery at the SHG hospital sites and community health services

The Shoalhaven Hospital Group (SHG) increased IMACS establishment

The Infection Management and Control Service (IMACS) staff establishment for SHG is 1.5 FTE. This was increased to 2FTE in response to the COVID pandemic. This increase was enabled as a result of extended support being provided to the team through the designation of a highly experienced RN with extensive infection prevention and control experience, to IMACS on the instruction of the SHG executive team.

Key activities undertaken within the SHG include:

Pandemic Planning and Services

- COVID-19 Q&A sessions across the SHG
- Fit Check training for relevant SHG clinicians
- Advising staff and assisting with work arounds during PPE shortage
- Increased updates and meetings with IMACS Manager

- Review of hand rub and signage in common areas and additional dispensers added

Emergency Department

- Consultation, planning and liaising with external providers to improve management of alcohol hand rub which resulted from several eye injuries that occurred from bottles not being secured
- Changes to ambulance arrival bay requiring IMACS input and advice

A large component of the year was in preparing and advising on issues around the identification of and planning for COVID-19. Education and update session utilising Skype as a presentation medium proved extremely successful with large numbers of staff attending these sessions.

Integrated Community Services

Clinical Consultancy and leadership

The infection management and control clinical nurse consultant is responsible for clinical consultancy and leadership and the delivery of an infection control and prevention programme to the Integrated Community Service (ICS). This designation of a CNC for non-inpatient services is an unusual and innovative arrangement within NSW.

Strengthening governance for Standard 3

The ICS National Safety and Quality Standard 3 committee comprises representation from ISLHD Ambulatory Primary Health Care Stream Leader, Ambulatory Primary Health Care Nursing Nurse Unit Manager, Targeted Clinical Services Nurse Manager, Diabetes Service Nurse Manager, Child and Family Nurse Unit Manager, Drug and Alcohol Service Manager, Oral Health Manager, Integrated Community Services Quality Representative and ISLHD Infection Management and Control Service (IMACS) Clinical Nurse Consultant (CNC).
This committee monitors and evaluates the progress on Standard 3, ensuring that all services are preparing for Accreditation. The committee provides a monthly report, documenting any Red Flags relating to ICS to the following committees: ISLHD Infection Prevention and Control Committee and the ICS Accreditation Governance Committee. This committee is monitoring compliance with audits and provides support to implement and monitor compliance with Service/District/State policies, procedures and guidelines related to infection prevention and control. Importantly, it has provided a forum, to table and discuss any quality improvement initiatives/research activities being undertaken across ICS and ensure appropriate consumer involvement.

Continued commitment to hand hygiene auditing and consumer feedback

ISLHD Ambulatory Primary Health Care Hand Hygiene Compliance: A total of 757 moments were collected of which 714 were correct. Hand hygiene compliance is 94.3% (92.4-95.8%) which is above the current ISLHD benchmark of 90%.
To support the collected Hand Hygiene data the ICS Standard 3 committee finalised a QARS version of the Consumer Hand Hygiene survey. The aim of this survey is to gather valuable hand hygiene data to supplement the submitted hand hygiene audits that are collected in Ambulatory Primary Health Care. A total of 1116 audits were submitted across ICS, with a 97% compliance.

Applying principles of antimicrobial stewardship to the community setting

Antimicrobial stewardship is often considered relevant only in inpatient settings. However this is not the case, and staff within the ISLHD community-based services are committed to

improving antimicrobial prescribing within these services and in facilitating an increased understanding of antimicrobials in their clients.
Initiatives include;

- A new audit tool for antimicrobial prescribing, 149 audits were performed and a compliance of 71% in appropriate antimicrobial prescribing identified.
- An 'Ask Me' strategy to encourage clients, family and carers to ask clinicians safety-orientated questions about antibiotics.
- A 'Do I need antibiotics' poster was developed and available in the Patient information portal, in addition 'Do you have an Antibiotic Allergy' pamphlet is also being used as part of antimicrobial stewardship.

COVID-19 response:
Multiple education involved sessions on COVID-19 and PPE that were delivered throughout the District.
The IMACS CNC was a member of the ISLHD Community COVID-19 committee.
In, addition the IMACS CNC provided a consultancy role in the commencement of COVID-19 Rapid Response Testing teams in the community settings. The CNC was a NSW Health Communities of Practice committee member and was nominated as a team member of a sub-committee in developing home visiting resources for the Clinical Excellence Commission**.**

Oral Health
The IMACS CNC in Oral Health has over the past 12 months provided ongoing clinical consultancy for infection prevention and control in this setting specifically advising on ISLHD policies and practice. The HealthOne strategy has required ongoing IP&C consultancy for both Dapto and Ulladulla.
Hand hygiene updates were provided weekly over the year and reporting upon completion of each cycle which was disseminated to all oral health staff. With staff movement and a reduction in hand hygiene auditors, IMACS conducted a training program specifically for oral health staff which enabled the course to have a strong dental focus and the successful completion of 6 new auditors for Oral Health.
Revisions were made to the orientation manual and a new program developed to orientate final year dental students to both ISLHD and infection control processes.

ISLHD Mental Health Services

Strengthening governance for Standard 3
The Infection Prevention and Control CNC is responsible for the provision of infection prevention and control service to the ISLHD Mental Health Service covering both inpatient and community based services across the district.

Support for the Standard 3 governance continues through involvement in the ISLHD Mental Health Service Infection Prevention and Control Committee. This committee was established late in 2018 and meets monthly.

Surveillance activities include review of significant healthcare associated infections. No Healthcare associated significant infections have been identified in the Mental Health service in the past 12 months.

Effective outbreak management

Two outbreaks of influenza occurred within Mental Health inpatient units. The First outbreak occurred in Mirrabook, with five confirmed influenza cases. As the outbreak in Mirrabook was finishing, further influenza cases occurred in the adjacent Rehab unit. The link identified was the transfer of a consumer with respiratory symptoms from Mirrabook to Rehab on the day before the first case in Mirrabook was identified. A further five more confirmed cases occurred in the Rehab unit.

The second outbreak occurred in Eloura AAA. Four consumers became unwell, with three confirmed Influenza A infections.

Both outbreaks were resolved once Additional Precautions were implemented. Other consumers were treated with prophylactic Tamiflu. No staff became unwell.

Excellence in hand hygiene compliance

Hand hygiene compliance across the MH inpatient units is 93% (77-99%). This is above the current ISLHD benchmark of 90% and an improvement on the previous 12 month period (91%). Only significant numbers of Moments were observed in the Nursing staff healthcare worker group. Compliance remains high at 95%.

With support from IMACS, the Mental Health Unit CNEs conducted a focussed staff education program to ensure all staff were current in their competency with Personal Protective Equipment. Currently 95% of staff are current with PPE education.

Clinical risk assessments

- Review of the installation of an ornamental pond outside the Adolescent Day Unit
- Review of the housing of a pet rabbit for Adolescent Inpatient Unit
- Review of water damage in Mirrabook

Infection prevention and control link programme 2009-2018 and transition to the ISLHD IMACS Mentorship programme

The ISLHD infection prevention and control link nurse programme was established in 2009 and in January 2013 the programme was extended to include non-nursing colleagues.

The link survey undertaken in the SHG as reported in the previous Annual Report was followed by a series of focus groups to identify strategies to overcome barriers to link personnel attending meetings. As a result, the Link Programme was replaced by an Infection Prevention and Control mentorship programme available to staff from all clinical disciplines across the LHD. This programme commenced in January 2019 with each IMACS CNC providing mentorship to up to 3 staff who will follow a goal-oriented programme for a period of 12 months to increase their skills in infection prevention and control and quality improvement.

The ISLHD IMACS Mentorship Program was designed for highly motivated Infection Prevention And Control enthusiasts and provides the opportunity to develop skills and generate innovative improvement projects whilst being mentored by an IMACS CNC.

Over 2019, the program saw innovation and improvement projects district-wide from seven participants in a variety of settings. Their fantastic efforts were showcased at the 2019 Infection Control Study day.

Building and refurbishment consultation

IMACS has provided expert advice and consultancy to the following building and refurbishment programmes across the ISLHD;

Northern Illawarra Hospital Group

Bulli Hospital Rebuild

Bulli Hospital rebuild has been in the planning and construction phase since 2016 and was recently commissioned for use with Bulli going live in early August 2020. This new capital works project is in conjunction with the private aged care sector leader IRT and the building aims to deliver an aged care centre that is a both modern and in line with best practices for aged persons. The NIHG CNC has consulted on the both the planning and construction phase to ensure finishes, fixtures and flow support the prevention of infection to future patients.

Endoscopy reprocessing Room

Endoscopy is in the construction phase of the refurbishment of the reprocessing and scope storage areas. New Hepa filtered storage cabinets have been installed for the scopes and planning has commenced for the renovation of the reprocessing room due for completion in December 2020. The NIHG CNCs have collaborated with the installation team to ensure an installation that prevents construction related infection with minimal disruption to Endoscopy workflow.

Paediatric refurbishment

The Wollongong Hospital Paediatric refurbishment project continues and is now in stage 2. NIHG CNC's have continued to work in partnership with the trades and ISLHD representatives in order to facilitate the construction in accordance with standards. Stage 2 works involve the refurbishment of patient rooms and this has required clear and thorough infection control plans.

Birthing unit refurbishment

The Wollongong hospital birthing unit refurbishment was completed in the first half of 2020. The NIHG CNCs were heavily involved in this project from planning through to final sign off and we hope staff and consumers enjoy this new space.

Southern Illawarra Hospital Group

Planning for the redevelopment of Shellharbour Hospital continued throughout 2019 and early 2020 and early works have now been completed.

Shoalhaven Hospital Group

During this year Infection Prevention and Control consultation occurred for the following refurbishment and construction works within the SHG. These include;

- Shoalhaven Hospital Carpark has been completed
- Installation of Air Conditioning – David Berry Rehab
- Installation of Screens in Bathrooms – David Berry Rehab
- Replacements of toilets – David Berry Rehab and Palliative Care

ISLHD Mental Health services

Infection Prevention and Control advice was provided during the preplanning and construction phases of continuing refurbishment work within ISLHD mental health service facilities.

Integrated Community Services

IMACS has provided expertise to the planning teams involved in several capital works projects including continued support for the HealthOne community-based clinics in Ulladulla and Dapto. Both of these projects are actively under construction at the time of this report, with the Ulladulla centre expected to be commissioned in October 2020.

Communication strategy

The emergence of COVID required the provision of timely and appropriate infection prevention and control advice to all staff across the LHD and IMACS was a key partner in ensuring relevant content and the availability of resources to staff.

Initiatives were led by the ISLHD Communications team and included YouTube video links showing IMACS CNCs demonstrating the correct processes for the donning and doffing of PPE, short film clips promoting the key messages relevant to the local area and COVID epidemiology.

Public reporting

Public reporting of Healthcare associated infection rates is achieved in every ISLHD facility providing inpatient services by the display of posters depicting the ward hand hygiene compliance rate.

In the previous report it was noted that a project undertaken at SDMH during 2017 identified that consumers are generally not aware of these boards, or of the availability of information that is available for them to understand the incidence of HAI at the hospital.

The ISLHD Clinical Governance Unit has an ongoing project being implemented across the LHD that has the objective of increasing the availability of patient safety and healthcare quality information to patients and their families.

Although not yet implemented, it is planned that the information displayed on these boards will be made available to the public through the IMACS section of the ISLHD internet page as soon as this has been established.

Intranet page

IMACS has established an intranet page which provides links to infection prevention and control policies, external resources, and local information and data about infection rates and hand hygiene audit results. http://islhnweb/IMACS/default.asp

ISLHD Chief Executive Newsletter (The Rounds)

IMACS is a regular contributor to the ISLHD newsletter and has used this forum to provide information to staff regarding hand hygiene audit findings, activities during events such as the World Health Organisation Hand Hygiene Day on 5th May each year, and the International Infection Prevention and Control week held each year in October. A report of key educational activities is also provided to raise awareness of this aspects of IMACS' role and function. Examples are the annual infection prevention and control Seminar day, and annual hotel services infection control update.

Education

ISLHD IMACS representation at prestigious international conference

Two IMACS team members were accepted to present the team's work at the Enhancing Practice conference which was scheduled to take place in Wollongong in April 2020. However, this conference was postponed as a result of the COVID pandemic. It is hoped that the conference will now take place in April 2021.

Further professional development for the IMACS team

For the second year running, two IMACS CNCs took up the exciting challenge of completing three month secondments to Far West Local Health District, based at Broken Hill and providing infection prevention and control expertise as well as strategic and operational advice while the substantive vacant CNC position was recruited to. These secondments offered Infection Prevention and Control cover for the Far West Local Health District while sharing innovations from ISLHD IMACS.

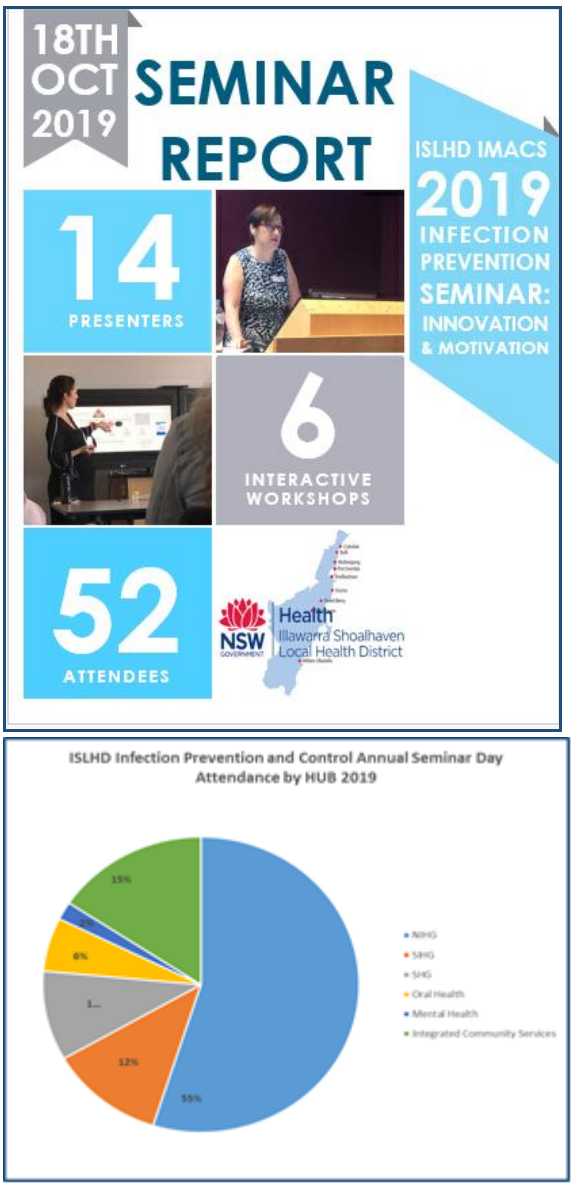
Provision of education to ISLHD staff

IMACS contributes to ISLHD staff education by the provision of face to face education in a number of different fora:-

Annual IMACS infection prevention and control education day

The annual ISLHD Infection Control Education Day was held in October 2019. A group of 52 infection control enthusiasts from various services across the district attended for the day. Participants were invited to explore innovation and motivation in the world of infection prevention and control.

This was a particularly exciting day for the IMACS team as the enrolment for the seminar day was open to attendees outside of the infection control mentorship program and saw a range of participants from community settings, allied health and clinical specialties. The day also hosted the Infection Prevention and Control Mentorship Program participants who presented their local initiatives and projects in a mentorship program showcase.
Topics that were explored on the day included *nursing research, HAI's and sepsis, standard precautions model, intravascular devices, anti-biotics and allergies, Multi-resistant organism CPE.*
Attendees also participated in various hands-on workshops featuring standard precautions risk assessment, microbiology and sampling and indwelling device practical workshops. The following graphs illustrate attendance from across the LHD.



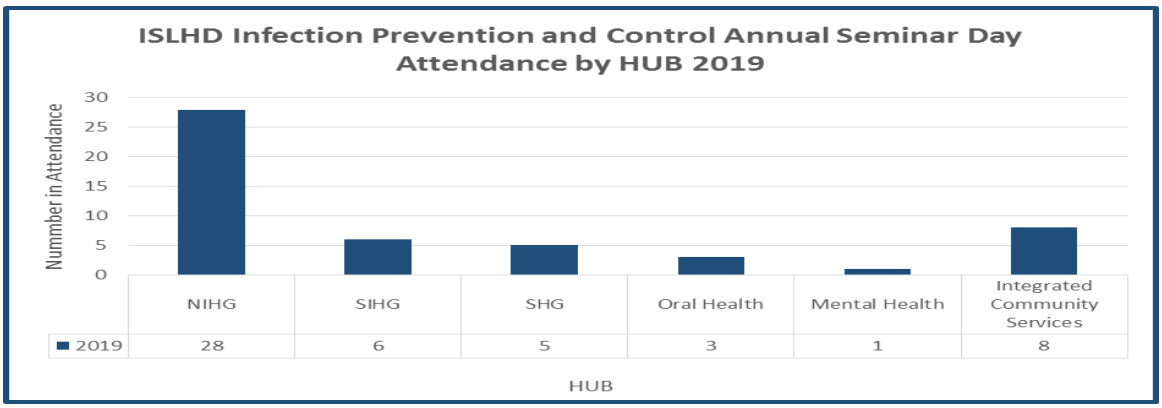


Figure 3. Annual IMACS seminar day

Orientation programmes

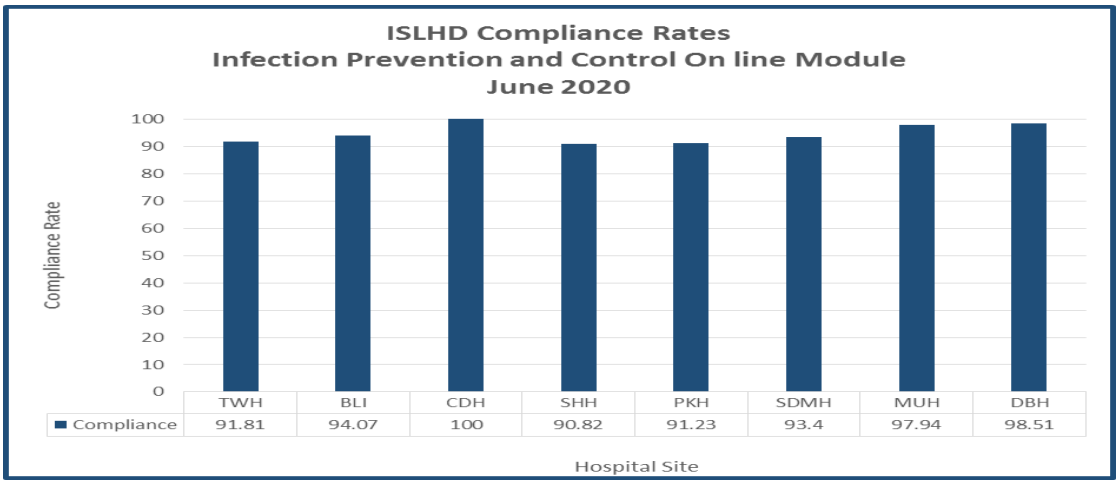
Corporate orientation The effective orientation of staff members newly employed by ISLHD is an important component of the organisational risk strategy. Infection prevention and control information is provided to all categories of newly employed staff including medical staff at JMO and registrar level.

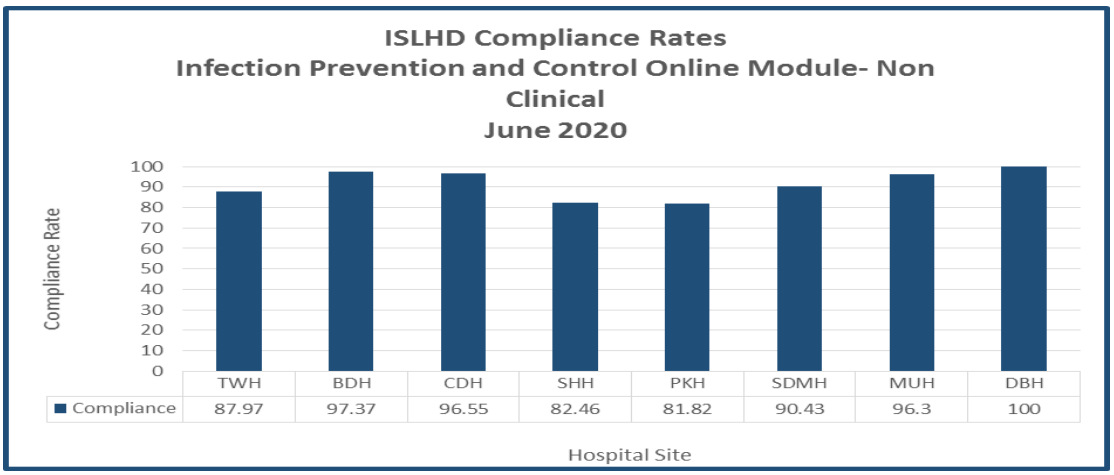
Medical officer orientation Both qualified medical officers and medical students undertaking placements within ISLHD attend an infection prevention and control update provided by IMACS CNCs, within their orientation to Wollongong and the Shoalhaven Hospitals

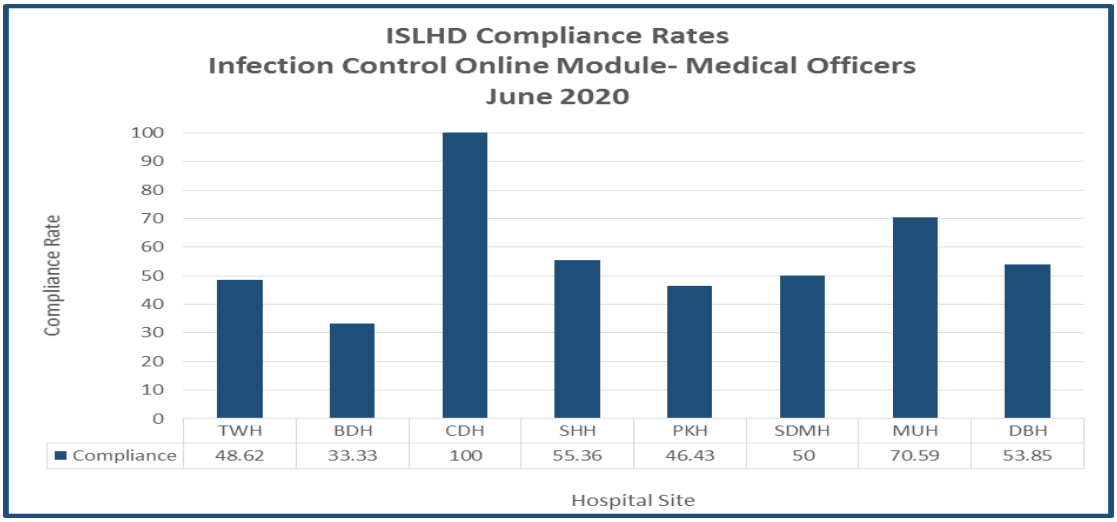
Nurses orientation In addition to corporate orientation nurses newly employed by ISLHD attend a separate infection prevention and control orientation which includes practical PPE application and other skills-based information.

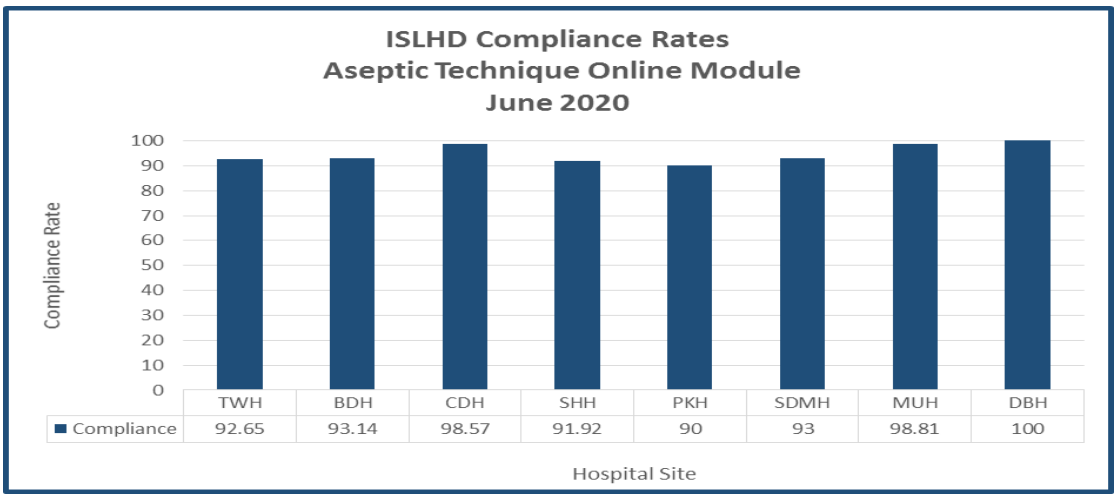
Mandatory training updates

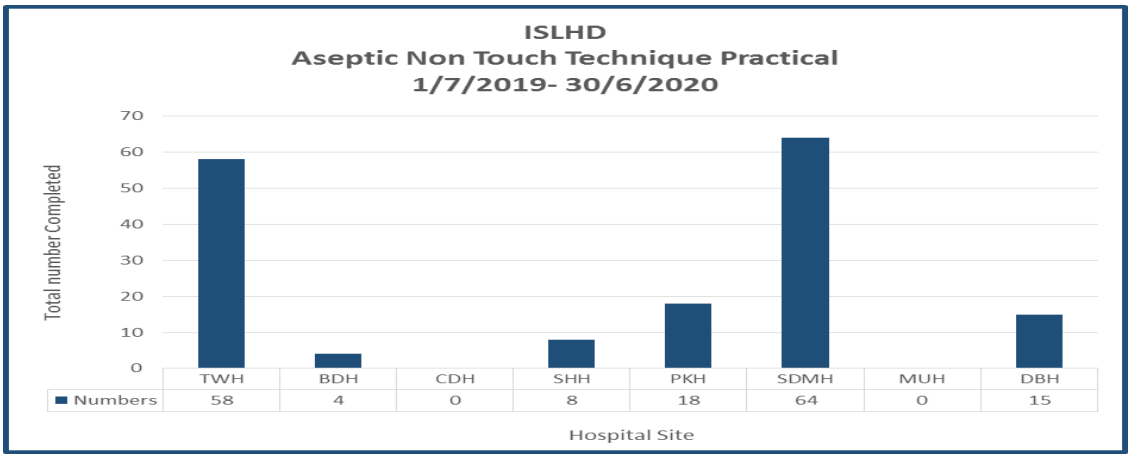
There is a requirement for all staff to undertake a selection of infection prevention and control on-line modules as part of their mandatory training requirements. The following graphs show the numbers of staff within the LHD who had completed this training as at June 2020, and the compliance rates for these modules.




ISLHD Compliance Rates
Infection Prevention and Control Online Module- Non Clinical
June 2020
Compliance Rate
100
90
80
70
60
50
40
30
20
10
0
TWH BDH CDH SHH PKH SDMH MUH DBH
Compliance 87.97 97.37 96.55 82.46 81.82 90.43 96.3 100
Hospital Site


ISLHD Compliance Rates
Infection Control Online Module- Medical Officers
June 2020
Compliance Rate
100
90
80
70
60
50
40
30
20
10
0
TWH BDH CDH SHH PKH SDMH MUH DBH
Compliance 48.62 33.33 100 55.36 46.43 50 70.59 53.85
Hospital Site



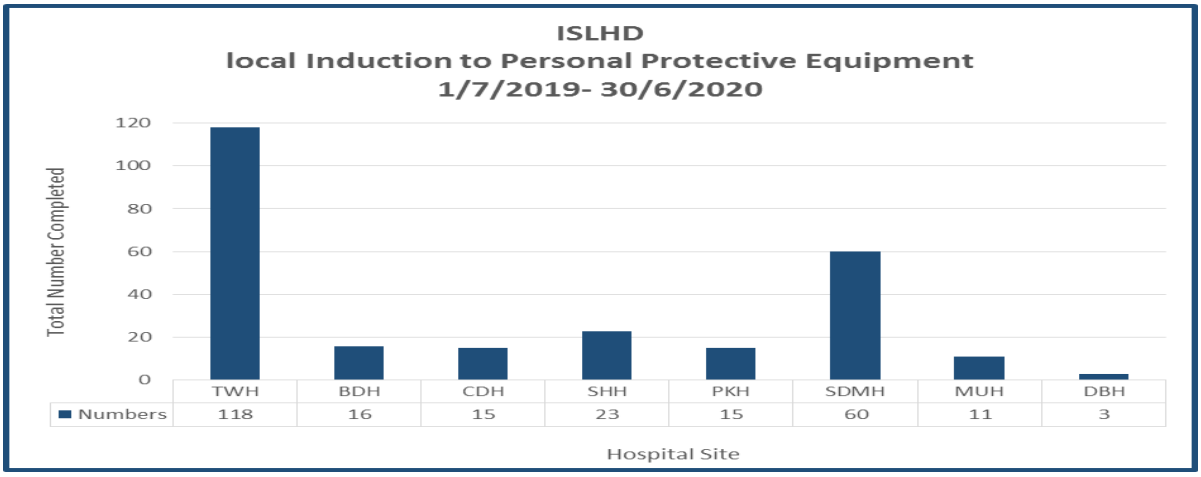


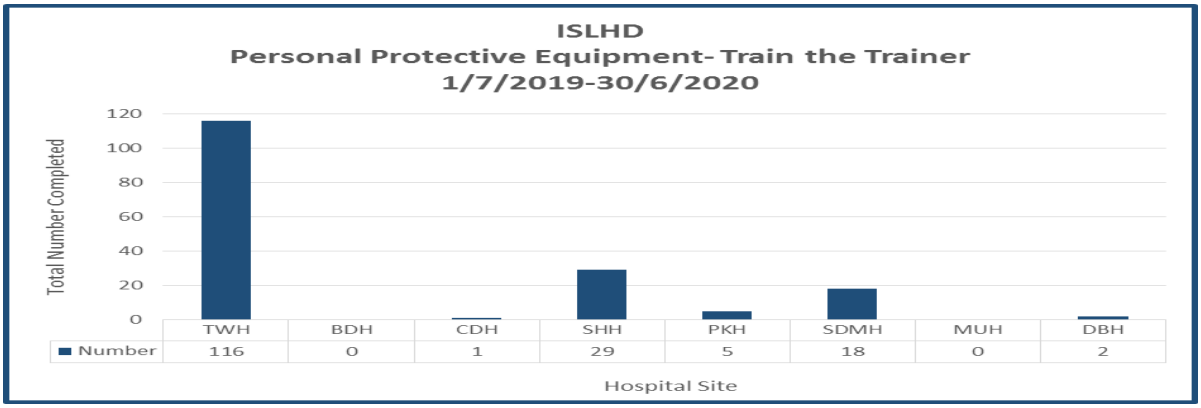
PPE Practical skills

In addition to these online modules, clinical staff are required to have practical education in the donning and doffing of PPE used in their infection prevention and control practices. A 'train the trainer' model has been used to roll out the mandatory requirement for all clinical staff to have practical training in the use of PPE every 5 years. IMACS CNCs have provided training to key educators and other staff across the LHD and have also undertaken a significant amount of this training themselves to support the required level of completion at their designated clinical settings.

The emergence of COVID-19 precipitated a need for an increased focus on practical PPE training in the first half of 2020.

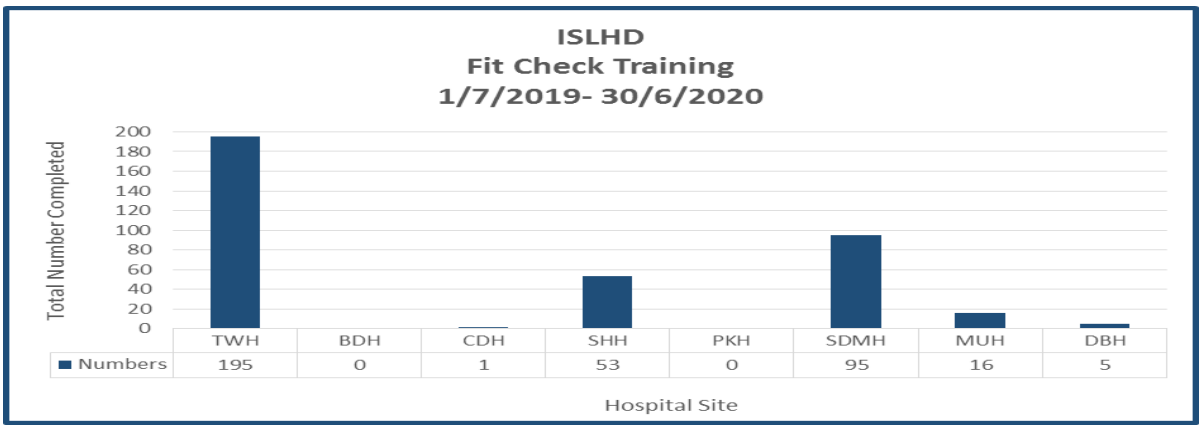
The following graphs show the numbers of staff who have received PPE training during this reporting period, either as person expected to train others, or as a stand-alone opportunity.





Fit check training was initiated as a focussed campaign to support ED and ICU staff in particular, with their assurance of achieving an effective fit when using the P2/N95 respirators when applying Airborne Precautions.

This campaign started in May 2020 and numbers of staff trained are shown below.



In-service education

In addition to the orientation and mandatory training sessions described above IMACS staff have provided specific infection prevention and control education and updates to staff according to need or on request. This year the majority of these sessions have focussed on COVOID-19 and the PPE requirements in complying with Standard, Droplet and Airborne precautions.

Hand hygiene auditor training

Ward based auditor training

The ward and unit-based hand hygiene auditors are responsible for completing the required number of audits within their site or service.

During 2019-2020 IMACS has provided limited education for hand hygiene auditing in line with the National Hand Hygiene Initiative from Hand Hygiene Australia, and in keeping with COVID-19 restrictions.

Infection Control education for environmental cleaning staff

IMACS began delivering education sessions annually in 2014 for hotel services cleaning staff and wards people, Hospital and Security Assistants (HASAs), Emergency Department Support Officers (EDSOs) and hotel service managers working in hospital and community based settings. These education sessions provide an update, covering NSW Health PD 2012_061 Environmental cleaning policy and the Clinical Excellence Commission (CEC) environmental cleaning standard operating procedures.

Unfortunately, these sessions were postponed as a result of COVID-19 restrictions, and did not take place during 2020.

AS4187:2014 Reprocessing of reusable medical devices

A full review of the ISLHD facilities and services undertaken prior to this reporting period has successfully identified all departments in which reusable medical devices categorised as either critical or semi-critical are reprocessed between used on patients. In addition to the Sterile Service Departments (SSD) at Wollongong, Shellharbour and Shoalhaven hospitals, identified areas include endoscopy and medical imaging departments across the LHD and the Wollongong cardiac diagnostics and early pregnancy services.

With support from the IMACS team, the managers of each of these services has completed a formal review, gap analysis and action plan to bring their department to compliance with AS4187:2014 by the necessary timeframes.

As a component of compliance with this Standard, endoscopy units are also required to ensure forced air drying and storage cabinets are in place to reduce the risk of the channels of endoscopes becoming contaminated with carbapenemase-producing Enterobacteriales (CPE). The use of these cabinets also extends the duration of allowable storage time for reprocessed endoscopes which is expected to reduce wear and tear caused by increased handling. Installation of these cabinets is expected to have been achieved by December 2022.

Policy implementation

A wide range of ISLHD infection prevention and control policies are in place that support the framework provided by NSW Health policies, Australian Standards and relevant national guidelines. These policies are available on the ISLHD intranet pages. IMACS has nominated one of the infection prevention and control CNCs to lead the process for evaluation, review and development of the local infection prevention and control policy framework.

The following table illustrates the policies, procedures and other resources that have been published during this reporting period.

Number	Title	Published
ISLHD Clin Proc 130	Chickenpox and shingles; management and control measures	Aug 2019
ISLHD Clin Proc 161	Pre-Op MRSA screening	Jan 2020
ISLHD Clin Proc 138	Outbreak management	Feb 2020
ISLHD Clin PD 120	COVID-19 Basic & Advanced Life support	Apr 2020
ISLHD GL49	Behaviourally disordered patients awaiting COVID-19 results	Apr 2020
ISLHD Clin Proc 18	Management & transfer process of suspected COVID-19 positive patients	Apr 2020
ISLHD Clin Proc 126	Deceased persons infection control management	Apr 2020
ISLHD Doc 73	Transmission based precautions poster	May 2020

Table 3. Policies developed and published 2019-2020

Unfortunately it is not possible to draw statistics showing policy downloads, as was provided in previous annual reports.

Infection prevention and control audit programme

As shown in figure 7 there is an extensive schedule for auditing of infection prevention and control policies which is reviewed and ratified annually by the ISLHD infection prevention

and control committee (IPCC). All IMACS audits are reported into QARS in order to enable unit and department managers to develop and monitor action plans to address deficits revealed through the audit process.
Results of audits and associated local action plans are reported to the relevant hub IPCC, and where relevant, to the ISLHD IPCC according to the schedules below, with recommendations ratified and progressed where appropriate.

ISLHD INFECTION PREVENTION AND CONTROL AUDITING & IPCC REPORTING SCHEDULE – 2019

QUALITY AUDITS & ACTIVITIES	RESPONSIBLE OFFICER/S	REPORTING TOOL	Report to ISLHD IPC Committee / Report to local IC committee											
			J	F	M	A	M	J	J	A	S	O	N	D
NSW Health Performance Report, HACs and ISLHD KPI reporting Dashboard	IMACS Nurse Manager	NSW Health Performance report	X	X	X	X	X	X	X	X	X	X	X	
Clinical Indicators ACHS	IMACS Nurse Manager	ACHS Clinical Indicators report					X X						X X	
IMACS Annual Report	IMACS Nurse Manager									X				
Aseptic non touch technique	IMACS Nurse Manager	QARS	X						X					
Environmental Cleaning audit report	IMACS CNC with portfolio	QARS		X						X				
AS4187:2014 action plan update	NIHG, SIHG, SHG representatives	QARS			X			X				X		
Hand Hygiene audit report	IMACS CNC with portfolio	HHA report				X			X				X	
CVAD/PICC and PIVD audits	Hub Quality Managers/NUMs	QARS audit tool and report				X	X	X				X	X	
Infection Prevention and Control week	Site IMACS CNCs	IMACS report					X	X						
Sterile stock storage audit	Site IMACS CNC / Infection Control Links	IMACS QARS audit tool and report		X	X	X								
Standard and Additional Precautions	Site IMACS CNC	IMACS audit tool and report			X	X	X							
Bling Audit	Site IMACS CNC / Infection Control Links	IMACS QARS Bling Audit tool and report						X	X					
Renal Unit audit including ANTT, HH, environmental cleaning and consumer survey	Site IMACS CNC /RDU staff	IMACS audit tool and report								X	X	X		
Linen Management	Site IMACS CNC / Infection Control Links	IMACS QARS audit tool and report								X	X	X		

ISLHD INFECTION PREVENTION AND CONTROL AUDITING & IPCC REPORTING SCHEDULE – 2020

REPORTS and QUALITY AUDITS	PERSON RESPONSIBLE FOR PROVIDING THE REPORT TO THE COMMITTEE	REPORTING TOOL	Report to ISLHD IPC Committee / Report to local IPC committee											
			J	F	M	A	M	J	J	A	S	O	N	D
NSW Health Performance Report, HACs and ISLHD KPI reporting Dashboard	IMACS Nurse Manager	NSW Health Performance report	X	X	X	X	X	X	X	X	X	X	X	
Legionella testing of water systems	ISLHD Chief Engineer	AEIMS report	X	X	X	X	X	X	X	X	X	X	X	
AMS update report	Antimicrobial stewardship pharmacist	Pharmacy report and NAUSP reports	X			X			X			X		
Clinical Indicators ACHS	IMACS Nurse Manager	ACHS Clinical Indicators report					X X						X X	
Infection Prevention and Control week	IMACS Nurse Manager	IMACS report					X	X						
IMACS Annual Report	IMACS Nurse Manager	IMACS report								X				
Aseptic non touch technique	IMACS Nurse Manager	QARS	X						X					
Environmental Cleaning audit report	IMACS CNC with portfolio	QARS		X						X				
AS4187:2014 action plan update	NIHG, SIHG, SHG representatives	QARS			X			X				X		
Hand Hygiene audit report (includes consumer survey)	IMACS CNC with portfolio	HHA report				X			X				X	
CVAD/PICC and PIVD audits	IMACS Nurse Manager	QARS				X	X	X				X	X	
Progress audit for AS4187:2014	IMACS CNCs and Unit Managers	IMACS report	X	X	X									
Sterile stock storage audit	Site IMACS CNC / Infection Control mentees or links	IMACS QARS audit tool and report		X	X	X								
Bling Audit	Site IMACS CNC / Infection Control mentees or links	IMACS QARS Bling Audit tool and report					X	X						
Risk assessed Standard and Additional Precautions	Site IMACS CNC	IMACS audit tool and report						X	X	X				
Renal Unit audit including ANTT, HH, environmental cleaning and consumer survey	Site IMACS CNC and RDU staff	IMACS audit tool and report								X	X	X		
Dirty utility room or cleaners point audit	Site IMACS CNC / Infection Control mentees or links	IMACS QARS audit tool and report									X	X	X	

Figure 4. Auditing schedules 2019 and 2020

Hand hygiene

In order to monitor compliance with NSW Health Hand Hygiene policy PD2010_058, hand hygiene auditing has been fully implemented across the ISLHD including within the Ambulatory and Primary Care services, inpatient Mental Health settings, and Oral Health services. During this reporting period a total of 43,070 hand hygiene opportunities were observed, with 38,115 being achieved correctly – an overall hand hygiene compliance rate of 88.5%, an increase from last year's rate of 87.6%.

Hand hygiene compliance reports are produced at the end of the each audit cycle, and these are distributed to the relevant service directors and operational managers.

Areas that do not meet the 80% benchmark expected by NSW Health are highlighted within these reports and recommendations for improvement are made.

In response to a request from the auditors for more timely feedback and education, a series of feedback sessions have been conducted in each of the hubs at the completion of each audit cycle. These sessions provide feedback, education and an opportunity to network with other auditors. In addition to this opportunity for staff to review hand hygiene compliance hand hygiene reports are now included in SPaRC dashboard reports for each unit manager and are also available at http://islhnintranet/IMACS/Audits/default.asp

Observation hand hygiene compliance auditing is not considered appropriate in certain community-based settings such as some departments within Ambulatory and Primary Health Care (APHC), ISLHD Child and Family (C&F) service and the ISLHD community mental health services (CMHS). In order to meet the need for hand hygiene compliance to be monitored, these services have each undertaken surveys of their clients. The results of these surveys are reported within the periodic hand hygiene audit reports where relevant.

Environmental cleaning audit programme

In response to the publication of NSW Health PD2012_061 Environmental Cleaning policy, IMACS implementation of the auditing programme commenced across ISLHD from early 2013. Monthly audits are undertaken in all clinical areas, with findings reported to hotel service managers for collation and distribution to site managers as required. Environmental cleaning audit results and action plans for ISLHD inpatient units are managed through QARS and the expectation is that a 90% score is required for clinical areas to be passed as satisfactory. The following graph shows the trended audit results for clinical areas (both inpatient and outpatient or community) across the LHD.

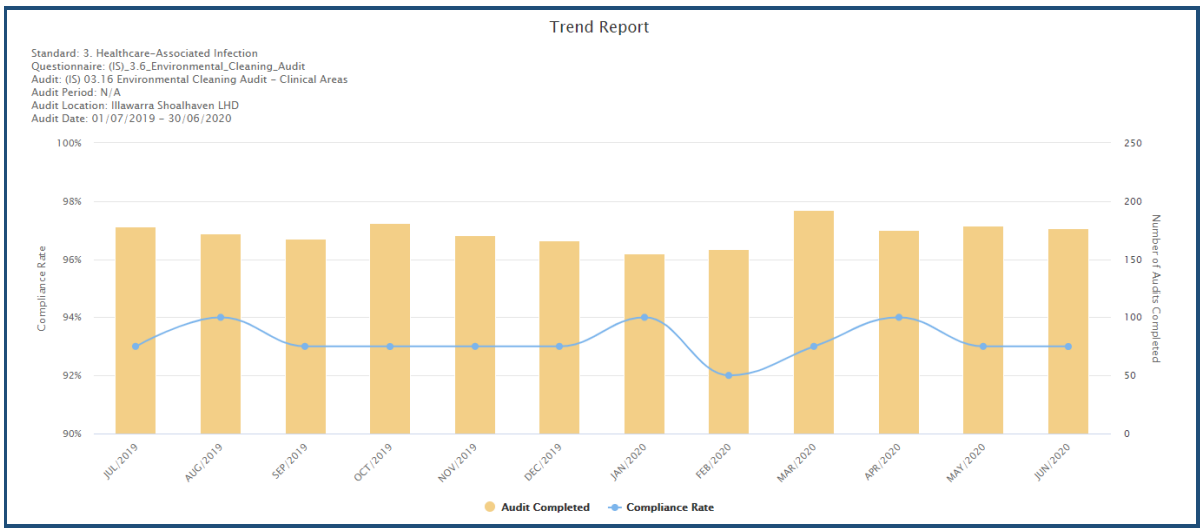


Figure 5. Environmental cleaning audit findings in clinical areas 2019-2020

Community health centres are serviced by a hotel service contract provided by an external cleaning contractor, Joss. Each setting is audited on a regular basis with results retained at each site, in addition to the audits that are entered into QARS.
Mechanisms for failed clinical audits are well established and reported directly through hub based ICCs and where necessary the ISLHD IPCC.

Surveillance

Reporting framework

The infection prevention and control service is required to provide information to the NSW Ministry of Health 'Health System Information and Performance Reporting' division every month following policy directive PD2005 and using definitions provided within the Healthcare Associated Infection Clinical Indicator Manual version 2; 2008. This information is used to measure the performance of the ISLHD as detailed in the Key Performance Indicator (KPI) Dictionary for the 2019-2020 Health Service Performance Agreements. Once it has been validated the information provided by IMACS is submitted for publication on the MyHospitals website www.myhospitals.gov.au

Hand hygiene audit data is submitted to Hand Hygiene Australia at the completion of each cycle, three times a year. Surveillance information is also provided to the Australian Council on Healthcare Standards and to the Australian Health RoundTable (ACHS) on a six monthly basis. This reporting mechanism provides for national rather than limited State-wide comparisons to be made.

ISLHD is also a contributor to the Australian National Antimicrobial Utilisation Surveillance Program (NAUSP) which facilitates surveillance of hospital antimicrobial prescribing and usage. This is a voluntary programme funded by the Commonwealth Department of Health and Ageing. The ISLHD Antimicrobial Stewardship intranet site is a valuable resource for staff http://islhnweb/Antimicrobial_Stewardship .

Central-line associated bacteraemia (CLAB) in intensive care units

NSW Ministry of Health 'Health System Information and Performance Reporting' department requires the submission of numbers of bloodstream infections occurring in patients who have had a central venous access device (CVAD) inserted whilst admitted to, or recently discharged from, intensive care units (ICU). These are generally very rare occurrences within ISLHD however during this reporting period three patients at Wollongong Hospital ICU was identified as having an ICU-related CLAB. A detailed case review is undertaken for each of these events, and ongoing monitoring will continue.

Facility	2019						2020					
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
SDMH	0	1	0	0	1	0	0	0	0	1	0	0
WH	0	0	0	0	0	0	0	0	0	0	0	0
ISLHD	0	1	0	0	1	0	0	0	0	1	0	0

Table 4. Numbers of ICU-related CLABSI 2019-2020

Staphylococcus aureus bloodstream infections

NSW Ministry of Health requires the submission of numbers of bloodstream infections caused by *Staphylococcus aureus* (SAB) every month.

Detailed case review of each SAB is undertaken. The results of these reviews have revealed a number of opportunities for improvement in the management of centrally-inserted venous access devices (CVADs) at Wollongong Hospital.

For this reporting period NSW Health required LHDs to maintain a healthcare associated in-patient and out-patient SAB rate of less than 2 per 10,000 occupied bed days (OBD) per month. This benchmark has been breached when single SAB infections have been reported at the smaller facilities due to the small number of occupied bed days at these facilities per month. From July 2020 the benchmark will be set at 1/10,000OBD which may be challenging for the LHD to meet.

Rates of SABs are monitored each month by the ISLHD Infection Prevention and Control Committee.

During this reporting period a total of 132 SABs were identified and reported to IMACS for review. Of these cases, 98 were identified as community onset with no identified ISLHD healthcare association.

Of all healthcare associated (inpatient and outpatient) SABs 32% (11/34) were identified as MRSA this year, compared with 34% (16/47) last year.

Surgical site infections - Orthopaedic

NSW Ministry of Health requires the submission of the numbers of patients who develop a superficial or a deep surgical site infection following elective orthopaedic surgery for the insertion of a hip or knee prosthesis. Wollongong Hospital and the Shoalhaven Hospital are the two facilities within ISLHD that patients attend for these elective procedures.

The infection rate following elective hip and knee prosthetic surgery is shown below:

Hospital	Nº Elective hip and knee procedures 2019-20	Nº Elective hips and knees infected 2019-20	SSI rate per 100 procedures			
			2016-17	2017-18	2018-19	2019-20
SDMH	118	1	2.5	3.10	2.74	0.85
TWH	306	6	1.05	0.62	0.91	1.96
ISLHD total	424	7	1.34	0.72	1.29	1.65

Table 5. Surgical site infection rates – elective orthopaedic

In a previous IMACS Annual Report a surgical site infection (SSI) rate of 4.92% was reported to affect patients having elective orthopaedic surgery at Shoalhaven Hospital. In response to the increased rates a Clinical Practice Improvement initiative was facilitated by the ISLHD CGU, which identified opportunities for improvement that have been sustained during this reporting period, as demonstrated by the reduction in SSIs following elective orthopaedic surgery at the hospital.

Trended orthopaedic surgical site infection rates are presented to the ISLHD IPCC each month for review.

Clostridium difficile infection

Clostridium difficile is an important healthcare associated infection because of the impact of the infection on individual patients as well as the communicability of this organism in acute care areas. The importance of a clean environment is paramount for the prevention and control of *C. difficile* as it has the ability to form spores which can remain viable in the environment for many weeks in the hospital setting.

Additional prevention and control measures include effective antimicrobial stewardship and appropriate prescribing of antimicrobial agents as certain antibiotics are particularly likely to cause the infection in some people.

The following graph illustrates the numbers of C. difficile acquisitions in ISLHD facilities from January 2019 to June 2020.

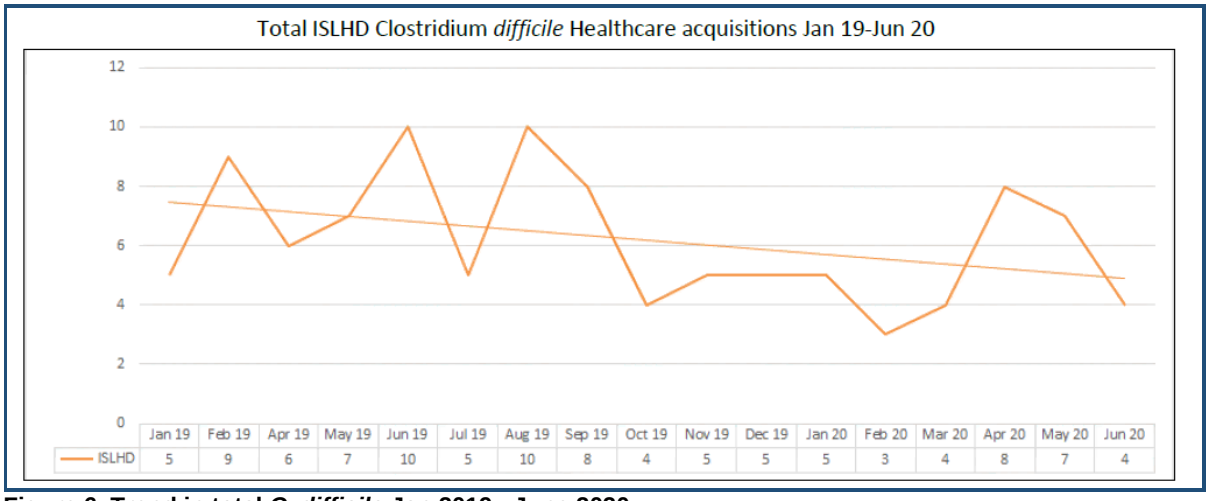


Figure 6. Trend in total *C. difficile* Jan 2019 - June 2020

The IMACS team and ISLHD antimicrobial stewardship pharmacist are closely monitoring the numbers of *C. difficile* infections occurring throughout the District.

Multi-resistant organism acquisitions

The following graphs illustrate the numbers of acquisitions of multi-resistant organisms within the LHD during this reporting period.

MRSA acquisitions continue to trend downwards.

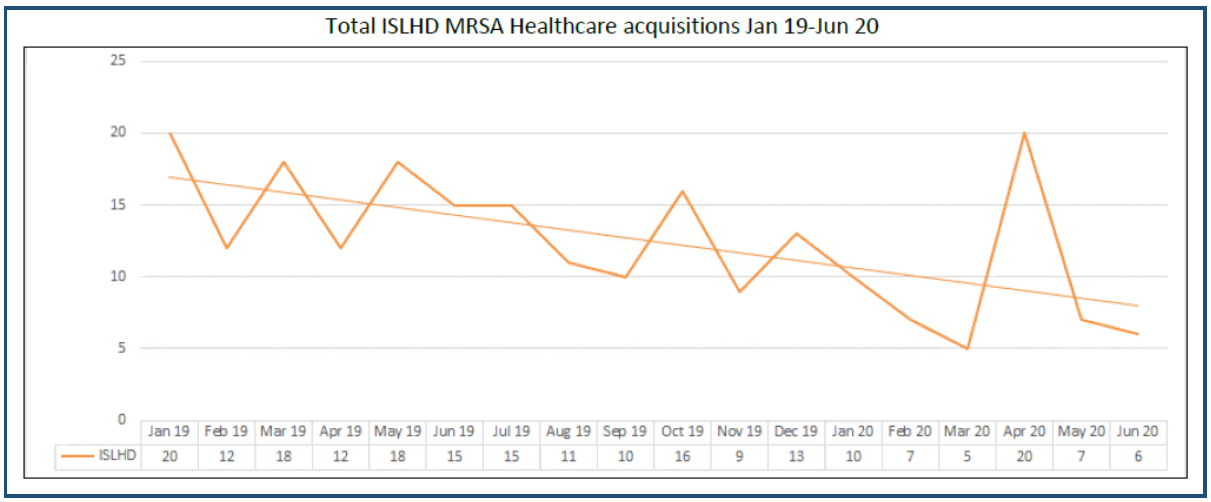


Figure 7. MRSA acquisitions 2019-2020

Whereas VRE acquisitions may have a slight increasing trend.

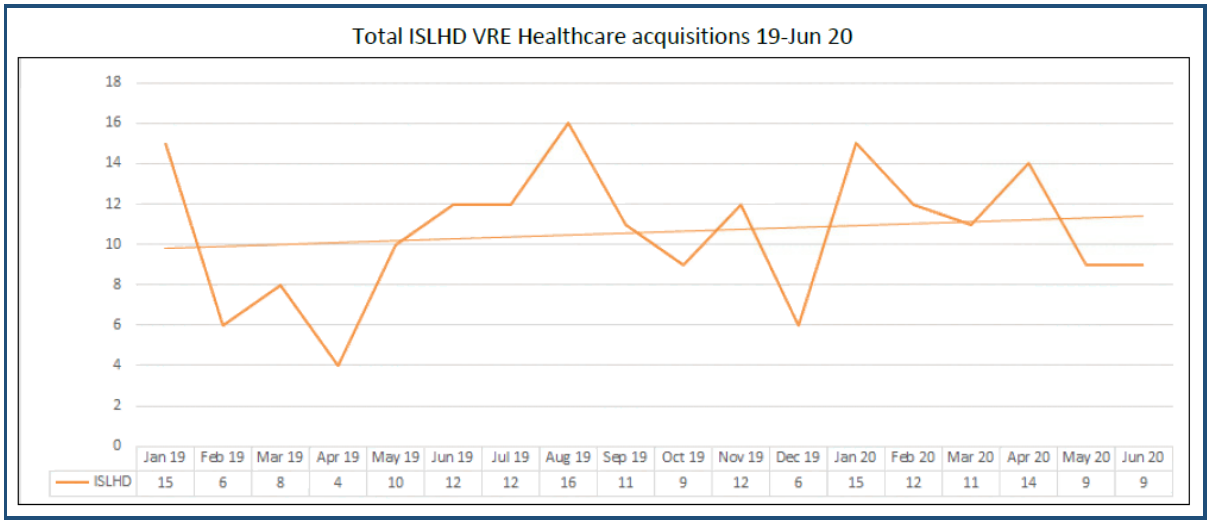


Figure 8. VRE acquisitions 2019-2020

The numbers of multi-resistant gram negative acquisitions, including acquisitions of CPE are low, but appear to demonstrate no increasing trend during this reporting period.

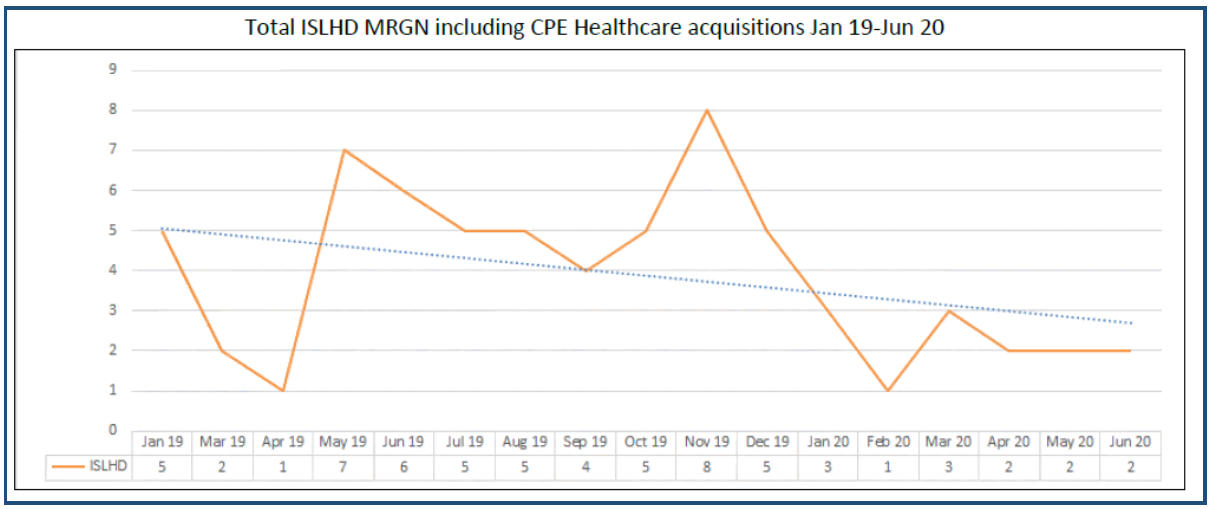


Figure 9. MRGN acquisitions 2019-2020

Outbreaks and incidents

Outbreak identification and management is a key responsibility for IMACS.

During this reporting period 19 significant outbreaks and incidents were managed by the team as described below. This is a significantly lower number than in previous years, possibly due to the impact of COVID-19 restrictions and control measures that were in place from March 2020. The most commonly identified outbreaks of communicable disease were exemplified by gastrointestinal symptoms.

Gastrointestinal infection

As was seen in previous years, outbreaks of gastrointestinal infection were identified within ISLHD facilities with 9 outbreaks occurring during this reporting period.

It is noticeable that in many cases staff have initiated effective control measures immediately they suspect an outbreak to be starting. This is a testament to the work that IMACS has done over the years within the LHD, empowering staff in clinical settings to take early measures and shorten the duration and reduce the impact of these events.

Influenza

The local NSW Pathology laboratory notifies IMACS of each patient identified as having influenza. For each case IMACS undertakes a review of each of these patients to identify whether the influenza was community acquired or healthcare associated.
During this reporting period there has been extremely low flu activity. Possibly as a result of the restrictions that have been placed on the community as a requirement of COVID-19 response.

VRE acquisitions in Wollongong Hospital ICU

There has been an increase in VRE acquisitions (colonisations) affecting patients within the Wollongong Hospital ICU during this reporting period. Outbreak management meetings have been convened and appropriate outbreak management plans implemented, including scrutiny of antimicrobial prescribing on the unit. The ISLHD Infection Prevention and Control Committee continues to monitor the success of control measures.

Staff Health

Blood and body substance exposures

IMACS is responsible for the accurate reporting of blood and body substance exposures affecting ISLHD staff. The management of the staff member sustaining the exposure is shared between the local Emergency Departments for the immediate risk assessment and management, with the necessary follow up being managed by the infectious disease physicians hosted in outpatients' clinics.

Ongoing monitoring of exposures is maintained by IMACS with regular reports being submitted to the Work Health and Safety committees covering all ISLHD sites. Rates are reported to ACHS and to NSW Health.

Rates for this reporting period have remained within peer benchmarks.

Hand skin sensitivity consultation

IMACS has established a process for the assessment and onward referral for dermatological review if required, for staff members experiencing skin problems affecting their ability to comply with the NSW Health Hand Hygiene policy PD2010_058 (rescinded June 2017 and incorporated into NSW Health PD2017_013 Infection Prevention and Control policy).

IMACS assessment includes an evaluation of the individual's skin condition and an assessment of their hand hygiene technique, with the provision of advice as necessary. The staff member is required to complete a daily diary to record their skin condition and to note their work patterns.

IMACS Business plan and operational priorities for 2019-2020

The following section of this report describes key objectives and measurable deliverables that will ensure that IMACS meets the strategic objectives in safeguarding patients, visitors and staff from the risk of healthcare associated infection.

The IMACS 2019-2020 business plan was developed to continue the support of these recommendations and the requirements of NCSQHC Standard Three. It was approved by the ISLHD Infection Prevention and Control Committee and progress was scrutinised though monthly reports from the IMACS Nurse Manager to the Committee's executive sponsor, the Executive Director of Medical Services and Clinical Governance.

The following section of this report describes progress against the projected work plan to June 2020.

IMACS BUSINESS WORK PLAN 2019-2020

The following table demonstrates progress against the 2019-2020 workplan to June 2020

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
That all ISLHD staff and consumers are provided with an effective and equitable infection prevention and control (IC) service.	Ensure IC establishment is appropriate for demand based on internationally recognised DoHA recommendations of 1.5 infection prevention and control professionals per 200 acute beds (1 ICP for every 135 acute beds) and develop strategies for succession planning.	Current staffing establishment = 6.8 infection control nurses for 1350 beds (ratio 1/198). If the IMACS NM is included, the ratio is 1:173 Increase in capacity and service at TWH, SHH and SDMH will create extra demand on IMACS. The need for increase in establishment will be evaluated once SHH and SDMH service provision is confirmed.	All	FTE reports as approved	Executive Director of Nursing and Midwifery and Clinical Governance (EDN&M&CG) Nurse Manager IMACS	Staff leave has been covered through the approval of secondments and through additional surge provision to accommodate the impact of COVID
		Transition of the Link Programme for all areas of the LHD except Oral Health to a supportive mentorship programme as a development opportunity and IMACS succession planning strategy.	SP2:3	Progress of each mentee through the programme as the year progresses.	Nurse Manager IMACS	There was a good response to calls for inclusion in the programme during 2020. The programme has been postponed as a result of COVID-19
		Support professional and personal development opportunities within resources.	SP2:3	Staff performance review 100%	Nurse Manager IMACS	PEDs all up to date Mandatory training for IMACS team 95%
		Monitor activity.	All	100% CNC monthly reports completed	IMACS CNCs	Team reminded to keep these up to date. Discussed at the monthly hub meetings
	Favourable financial	Negotiate appropriate budget and	SP4:1	Favourable	Nurse Manager IMACS	$8000 unfavourable

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
	management	monitor and maintain budgetary control.		management of appropriate budget		budget balance overall. Full year employee-related unfavourable by $22k. Due to full year Mat leave ($10k) & Other leave
That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities	MyHealthLearning reports to ICC for all sites and services	Area orientation program.	SP3	MyHealthLearning 100%	Organisational Learning Unit Manager IMACS Site Managers	For inclusion in 2019-2020 IMACS annual report
		Mandatory training program including e-learning	SP3	MyHealthLearning 100%		
		In-service training as required and in response to identified service needs ie outbreak response etc.	SP3	MyHealthLearning record that in-services are provided at each site	IMACS CNCs	
		Development of increased awareness of infection control across the LHD	SP3	MyHealthLearning record of meeting attendance	IMACS CNCs	
	Facilitation of appropriate education and development opportunities for IMACS staff	Consideration of financial support and study leave approval to IMACS staff in accordance with PED agreements and CNC competency framework, subject to approval on merit.	SP3	100% IMACS CNCs meet AHPRA CPD requirements	IMACS Nurse Manager	
That a full range of infection prevention and control policies are available for staff, and that they are used to support best clinical practice	Audit of available infection control policies	Development and maintenance of appropriate policy framework based on requirements of ACSQHC National Standard Three governance requirements	All	Appropriate policies are in place and 100% are up to date	Infection Prevention and Control Committee	Policies due for revision are under review and progress is monitored at the monthly IMACS policy meeting. COVID resources have been developed and IMACS have

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
						provided consultation to a large number of other policy updates due to COVID During the 2019-20 period 10 infection prevention and control policies have been revised or developed
	Compliance with hand hygiene component of PD2017_013 NSW Health Infection Control policy	Facilitate the public display of hand hygiene compliance rates by ensuring full commitment to HHA program and timely reporting to CGU, HHA, Health Round Table and CEC.	SP1:3	Clearly formatted reports displayed in all areas audited	EDMS&CG Nurse Manager IMACS GMs Site Managers NUMs	ISLHD Hand Hygiene audit report for April – June 2020 has been completed. All reports are published on the intranet and are included IPCC meeting papers.
			SP1:3	HH rate >90% compliance across ISLHD	Executive Director Clinical Operations (EDCO) Site Managers NUMs Co-directors	Hand hygiene rate across the LHD was 87% in the last audit period. Many departments and services have attained the 90% target for the LHD. Exceptions are the EDs. Medical staff have increased to 73%
	Compliance with PD2017_013 NSW Health Infection Control policy And AS/NZS4187:2014	AS4187:2014 and AS4185:2006 audit. Ensure effective decontamination of all critical and semi-critical reusable equipment through	SP1:3	All SSDs to be compliant with AS/NZS4187:2014, or have a documented action plan towards compliance by	EDMS&CG EDCO SSD managers	None of the ISLHD SSDs are fully compliant. Action plans are in place ERMS 4084

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
	Reprocessing of reusable medical devices in health care organisations	regular evaluation and monitoring of processes. All critical and semi-critical reusable medical devices are to be reprocessed within designated highly controlled environments as agreed by the site / service executive and IMACS manager		December 2021.		
			SP1:3	100% compliance with AS/NZS4815 within ISLHD Oral Health services.	Oral Health service Director	Consideration of AS4815 vs AS4187 pending
			SP1:3	100% areas and services involved in local reprocessing of critical or semi-critical reusable medical devices meet the requirements of AS/NZS4187:2014	Site managers Department managers	AS4187:2014 audits and action plans previously undertaken are to be included in the 2020 audit plan so that current progress can be reviewed.
		Implementation of ISLHD legionella control policy ISLHD Ops PD 50	SP1:3 SP2:1	Legionella risk assessment and management plan is in place	ED Finance, Facility Operations Managers, General Managers	Legionella management sub-committee of the ISLHD IPCC in place. Policy under review. EnHealth Risk Management plan for Wollongong Hospital is significantly populated. This will be the template for other sites across the LHD once it is completed.
		Aseptic technique audit in QARS	SP1:3 SP3:1	Aseptic technique audits completed in all relevant areas at each facility and service	Site managers Department managers	All areas represented in QARS report. See IMACS annual report

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
		Surveillance and audit of newly acquired multi-resistant organisms, and bloodstream infections.	SP3:1	100% submissions of surveillance data by expected date	IMACS Nurse Manager	All submissions completed on time as required
		Monitoring of MRO patient identification and isolation strategies.	SP3:1	Surveillance reports aim for zero healthcare associated infections.	IMACS team	Daily lists and laboratory reporting algorithms support this
		Implement risk management strategies in order to rationalise and prioritise patient placement according to PD2017_013, including increasing efforts to identify patients who no longer require Additional Precautions.	SP1:2 SP3:1	Zero incidents occurring attributable to MRO management decisions	IMACS team	Standard Precautions model is in place across NIHG. Strengthening of message is being done in the SIHG and SHG
	PD2012_061 NSW Health Environmental cleaning policy audit programme	Support implementation of audit programme and monitoring of progress against agreed action plans	SP1:3 SP2:1	90% compliance identified on environmental cleaning audits confirmed by QARS reports	Site DONMs/Operations Managers, Hotel Service Managers	See IMACS annual report
That the requirements of Australasian Health Service Facility Guidelines are met for all new construction / refurbishment works	Provision of expert infection prevention and control advice to construction project teams involved in infrastructure upgrades across ISLHD	Designated CNC to each site responsible for consistent provision and focus including but not restricted to Aspergillus and Legionella prevention during projects	SP4:2	Infection control plan incorporated into 100% construction projects	ISLHD executive Project manager IMACS Nurse Manager	IMACS fully engaged in a number of projects: HealthOne projects in Dapto and Ulladulla; WH Birthing Unit and SDMH car park are complete. Bulli to be commissioned soon
				Zero infections associated with construction	ISLHD executive Project manager	No reported cases of possible construction-related HAI
That rates of healthcare	Monitoring and reviewing	IMACS NM membership of the	SP1:3	Reduction in reported	ISLHD Executive and	HAI HACs seeing

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
associated infection are accurately monitored and reported, with the objective of achieving reductions over time.	Healthcare Associated Complication (HAC) reports relating to HAI	ISLHD HAC Working Party HAC reports presented to the IPCC each month for discussion	SP3:2 CE2:1	HAI HACs 2019 -2020	operational leadership teams	downward trends. Work is planned to support reductions in laboratory test requests
	Monitoring of healthcare-associated influenza	Influenza surveillance is commenced to facilitate prompt identification of healthcare-associated acquisition, and through on-time reporting, to promote increased awareness of influenza as a potential HAI through regular reporting of numbers per week throughout seasonal influenza activity	SP1:3 SP2:1 CE2:1	Zero acquisitions of influenza within ISLHD inpatient services	IMACS CNCs Nurse Manager IMACS Site and Service Managers NUMs	2019 saw flu acquisitions related to ISLHD health care, notably in inpatient settings and in both the NIHG and the SHG renal dialysis units. Flu activity is negligible in 2020 to date
	Reduction in rates of multi-resistant organism acquisition, specifically, MRSA and MRAB acquisitions in ICU patients	Data collection and submission to NSW Health KPIs, ACHS Clinical Indicators and Health Round Table	SP1:3 CE2:1	Zero acquisitions of MRSA and MRAB in ICU	IMACS CNCs Nurse Manager IMACS Site and Service Managers NUMs	See June 2020 IMACS report to EDNM/EDMS&CG
	Reduction in VRE and *Staphylococcus aureus* blood stream infections (SABSI), all haemodialysis-associated BSI and central line associated bacteraemias (CLABSI) regardless of pathogen	Case review process for all VRE, CPE, *Staphylococcus aureus* and haemodialysis-related blood stream infections. Include PIVC presence as indication of PIVC as factor in healthcare associated bacteraemias.	SP1:3 CE2:1	Aim for Zero preventable healthcare-associated SABSI, haemodialysis-related BSI. PIVC-related and CLABSI rates; ACHS and NSW Health KPIs to be met	IMACS CNCs Nurse Manager IMACS Site and Service Managers NUMs	Case reviews undertaken for all reportable bloodstream infections
		Data collection and submission to NSW Health KPIs, ACHS Clinical Indicators and Health Round Table			Nurse Manager IMACS	All reporting requirements met

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
	Reduction in rates of SSI	Case review process for all eligible hip, knee and LSCS surgical procedures Increase cooperative working with surgical stream and obstetric services.	SP1:3 CE2:1	Aim for Zero surgical site infections associated with LSCS and eligible hip and knee procedures. ACHS and NSW Health KPIs to be met	IMACS CNCs Nurse Manager IMACS ISLHD Div. Co-Directors and operational leadership teams	ACI Surgical Complications reporting system programme has commenced. CNCs will attend IMACS team meeting to present the programme. JH formulating a matrix to describe the interface between this and IMACS established other surveillance systems
	Reduction in rates of nosocomial *Clostridium difficile* infection	Reporting of nosocomial C. difficile numbers to ISLHD ICC Rigorous communication strategies and investigation of local risk factors	SP1:3 CE2:1	Zero outbreaks of C difficile infection, and year on year reduction in incidence. NSW Health KPIs to be met	EDMS&CG Nurse Manager IMACS IMACS team Pharmacy	No nosocomial outbreaks of C. difficile have been identified
	Monitoring and management of emerging pathogens including carbapenamase-producing *Enterobacterales* (CPE).	Reporting of all identified CPE and other emerging pathogens of interest to ISLHD ICC	SP1:3 CE2:1	Zero healthcare associates outbreaks of CPE	IMACS Nurse Manager	Contact tracing for all notifications of CPE have not identified ongoing healthcare-associated transmission
That rates of staff vaccination, blood and body substance exposures and skin sensitivity issues are reported, and improvement strategies are developed, implemented and evaluated.	Reduce numbers of staff BBF exposures	Ongoing benchmarking of exposure rates with peers through ACHS reporting.	SP2:1 CE2:1	Rates are below ACHS benchmark	EDMS&CG Site and Service Managers	ACHS PIRT report confirms ISLHD rates within benchmark
		Identification, implementation and evaluation of system improvements as necessary.	SP3:2		Nurse Manager IMACS OH&S Committees	Factsheets and inclusion into LHD orientation sessions re NSW Health policy PD2019_026 for the management of

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
						HCW infected with a BBV and those undertaking EPPs completed
	Monitoring of staff complaining of skin sensitivity preventing compliance with PD2017_013 Infection Control policy	Monitoring through IMACS record-keeping	SP2:1	Reduction in numbers of staff unable to comply with PD2017_013 hand hygiene requirements due to skin sensitivity issue	IMACS CNCs	Process in place. See IMACS annual report for annual figures (usually around 30-40 staff per year seek IMACS advice re hand skin care)
	Staff vaccination	Improve uptake of influenza vaccine.	SP2:1	80% staff receive 'flu vaccine each year.	Dept. Resp. Medicine Manager	Vaccination rates in 2020 exceeded 70%
		Ensure vaccination status of all staff is documented and non-compliant staff provided with vaccine as required.	SP2:1 CE2:2	Aim for Zero numbers of staff with immune status for vaccine preventable infections not recorded within StaffLink	Staff vaccination CNC	Significant numbers of CatA High Risk staff remained unvaccinated against 'flu this year. Improved processes are expected to be implemented next year, at both LHD and State level.
That IMACS uses a range of appropriate and effective communication methods to inform service users and consumers of issues relating to healthcare associated infection.	Use a range of communication options providing information to staff, patients and visitors.	Regular reports to clinical staff and ISLHD facility administration teams describing hand hygiene audit results and infection rates and trends	SP3:2	100% ISLHD Infection Control Committee minutes posted on the ISLHD intranet	EDMS&CG Nurse Manager IMACS	Local update meetings continue, scheduled to coincide with the end of HH audit cycles throughout the year.
		Provision of reports describing infection prevention and control-related outcomes, incidents and processes to appropriate committees	SP3:2	Reports provided to ISLHD Committees including IPCC, WH&S and Clinical Governance Council as requested and in accordance with	IMACS Nurse Manager	Reports provided at meetings according to meeting agenda and minutes 2018-19 IMACS Annual Report distributed to GM

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
				committee terms of reference		and service directors across the LHD Oct 2019
		IMACS submission to ISLHD newsletters	SP3:2	Regular infection-related topics covered	ISLHD communications team	The Rounds report on the annual IMACS seminar day was published Nov 2019
		Ensure IMACS page on ISLHD intranet site is accessible and relevant to all staff	SP3:2	IMACS Annual Report produced annually	EDMS&CG Nurse Manager IMACS	IMACS page updated with 2018-2019 IMACS Annual Report, Oct 2019
		Utilisation of appropriate information sheets for patients, staff and contractors including in languages other than English	SP1:3	100% translated information sheets are accessible on the intranet when needed.	IMACS Nurse Manager CGU manager	Factsheets provided on IMACS intranet page
That IMACS is fully engaged in sourcing, sharing, undertaking and using relevant research in all service areas	Active involvement from IMACS CNCs in research activities	IMACS involvement in research projects to inform local operational requirements and national evidence base through publication of findings	SP3:1	>1 IMACS publication per annum	IMACS Nurse Manager	Paper describing the use of Emotional Touchpoints methodology in exploring the feelings nurses have when talking to patients about multi-resistant organisms published January 2020. Report into CPE accepted for publication May 2020
		IMACS participation in dissemination of local research findings	SP3:1	> 2 IMACS presentations at State, National or	IMACS Nurse Manager	ACIPC conference was not able to be attended this year.

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2020
				International conferences per annum		Two abstracts were accepted as poster, and study leave and conference registration approved by ISLHD exec. However neither CNC was able to fund flights and accommodation in Perth. 2 abstracts (HN and JH) have been accepted for oral presentation at Enhancing Practice conference to be held in Wollongong April 2021
That IMACS identifies, initiates and supports strategies to improve productivity and efficiency and reduce waste	Reduction in unnecessary use of non-sterile gloves across the LHD	Raise awareness through education and ongoing messaging	SP4:1	10% reduction in numbers of gloves used per month from January 2019 to June 2020	IMACS Nurse Manager ISLHD operational leadership teams	Education programmes and messaging in place. Project has been held over as a result of COVID
	Facilitate appropriate segregation of clinical from general waste		SP4:1	10% reduction in amount of clinical waste disposed, from January 2019 to June 2020	IMACS Nurse Manager ISLHD operational leadership teams	IMACS NM participates in ISLHD Sustainability meeting (first meeting October 2019)

The next section of this report presents the forward strategic workplan as published in the 2020-2021 IMACS Strategic and Operational plan which was ratified by the IPCC in August 2020

Strategic Priority Focus Areas and alignment with NSQHC Standard 3

2020-2021 Objectives		NSQHC Standard 3 criterion	IMACS objective (see business plan)
Strategic Priority 1 - Excellence in models of care, health programs and health services			
SP1:1	COVID-19 response: Reduce the transmission of COVID-19 by ensuring capacity to respond to community outbreaks and need for hospitalisation		That all ISLHD staff and consumers in all areas of the LHD, inpatient or community, are provided with an effective and equitable infection prevention and control (IC) service. That a full range of infection prevention and control policies are available for staff, and that they are used to support best clinical practice and are relevant to all clinical settings, inpatient or community-based. That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities That rates of healthcare associated infection are accurately monitored and reported, with the objective of achieving reductions over time. That IMACS uses a range of appropriate and effective communication methods to inform all service users and consumers, including ATSI and members of vulnerable and at risk populations, of issues relating to healthcare associated infection.
SP1:2	ED transformation: Ensure that our staff are empowered to provide our Emergency Department consumers with timely access to care in order to optimise their outcomes and minimise harm	All	
SP1:3	Surgical services: Ensuring timely and appropriate access to elective surgery		
SP1:4	Bed optimisation: Provide consumers with timely access to care in the right place, through effective integration of community, acute, and home-based care		
SP1:5	Integrated community care: Support patients with chronic conditions to self-monitor and manage chronic condition(s), improving patient activation and reducing hospitalisation and ED visits		
SP1:6	Service base optimisation: Deliver new and realigned infrastructure to ensure efficient and effective service delivery		
SP1:7	Aboriginal health: Improve the physical, cultural, spiritual and familial wellbeing of Aboriginal people to improve health and life outcomes		
SP1:8	First 2000 days: Deliver the right care for the needs of those who are vulnerable and at risk, to improve health and wellbeing outcomes in their first 2000 days		
Strategic Priority 2 - An engaged and high performing workforce for the future			
SP2:1	Staff safety: Promote, protect and maintain the health, safety and wellbeing of staff	3.5 Standard and transmission based precautions 3.13 Workforce immunisation	That rates of staff vaccination, blood and body substance exposures and skin sensitivity issues are reported, and improvement strategies are developed, implemented and evaluated. Provide advice to clinical colleagues, hotel services, Procurement, and buildings refurbishment and construction

	2020-2021 Objectives	NSQHC Standard 3 criterion	IMACS objective (see business plan)
			project teams to support optimal workplace safety with regard to physical, chemical, and ergonomic factors relevant to the prevention and control of infection. Support Workforce support and Injury Management workforce in their work where it is relevant to infection prevention and control.
SP2:2	Leadership and culture: Improve organisational performance and accountability through the provision of effective values-based leadership	3.1 Integrating clinical governance 3.4 Surveillance 3.9 Aseptic technique 3.14 Reprocessing of reusable devices 3.15 Antimicrobial stewardship	That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities Facilitation of appropriate education and development opportunities for IMACS staff at all levels throughout the organisation Fulfilment of the commitment to the ISLHD IMACS infection prevention and control Mentorship programme. That the promotion of secondment opportunities to IMACS continues when substantive CNCs and the IMACS NM are on leave.
Strategic Priority 3 - Innovation, agility and learning for continuous improvement			
SP3:1	Research leadership and outcomes: Promote ISLHD as a valued clinical research organisation and partner that supports improved clinical practice through research	3.2 Applying quality improvement systems 3.4 Surveillance	That IMACS is fully engaged in sourcing, sharing, undertaking and using relevant research in all service areas To enable and support IMACS CNCs to meet their research domain requirements through attendance and participation in conferences, publication of original work, and participation in Journal Clubs and other suitable fora.
SP3:2	Analytics: Build upon analytics capability and literacy across the organisation to inform clinical practice and support business decision making	3.1 Integrating clinical governance 3.4 Surveillance	That rates of healthcare associated infection are accurately monitored and reported, and used to drive quality improvements or further research in order to achieve reductions over time. Use existing ISLHD structures and processes to share insights derived from case review and research findings, in order to inform clinical practice and decisions.

	2020-2021 Objectives	NSQHC Standard 3 criterion	IMACS objective (see business plan)
Strategic Priority 4 - Efficient, effective and sustainable financial operations			
SP4:1	Financial accountability: Build capability and accountability for improved financial management at all levels	All	That IMACS identifies, initiates and supports strategies to improve productivity and efficiency and reduce waste
SP4:2	Operational efficiency: Deliver a range of projects and programs aimed at increasing savings and establishing financially sustainable practices		To promote and support a range of initiatives aimed at reduced diagnostic ordering
SP4:3	Procurement and supply chain: Improve the cost effectiveness and reliability of supply to support service delivery		Glove reduction projects to be encouraged throughout the LHD
SP4:4	Asset utilisation: Deliver new and realigned infrastructure to ensure efficient and cost-effective clinical and non-clinical service delivery		To support service managers in risk assessing proposed and current clinical spaces in order to reduce healthcare associated infection risks. That the requirements of Australasian Health Service Facility Guidelines relating to the prevention and control of infection are met for all new construction / refurbishment works.

Progress against the workplan that has been developed in order to meet these strategic proprieties, will be reported in the 2020-2021 Annual Report.

References

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